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THREE SERVICE PERSPECTIVES ON MONTANA'S SOCIAL SERVICE NEEDS

VOLUME IV

TITLE XX NEEDS ASSESSMENT PROJECT

MONTANA DEPARTMENT OF

SOCIAL AND REHABILITATION SERVICES

HELENA, MONTANA

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THREE SERVICE PERSPECTIVES ON MONTANA'S SOCIAL SERVICE NEEDS

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PREFACE

This report, Volume IV, is one component of a Title XX needs assessment for the state of Montana. The other components are: Volume I, Social Services: A Background Statement; Volume II, The Social Condition and Social Service Target Populations of Montana; Volume III, Social Conditions and Social Services on Montana's Seven Indian Reservations. Each of these volumes is intended to provide a different but important perspective on Montana's social service needs.

This volume, Three Survey Perspectives on Montana's Social Service Needs, reports the procedures and findings of three separate but related surveys. The three groups surveyed are: (1) social service providers, (2) the general public, (3) 'special interest' groups. The intent of these surveys is to establish social service priorities.

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SECTION ONE

INTRODUCTION

METHODOLOGY

INTRODUCTION

This report presents the findings of three surveys aimed at determining priorities of Title XX services. Briefly, Title XX reforms the Social Security Act, thereby giving states more determination in the expenditure of funds. It does this by replacing Titles IV-A and VI of that Act. Title IV-A assists parents and guardians of dependent children, while Title VI aids the aged, handicapped and disabled. Prior to Title XX, Titles IV-A and VI supplied actual 'benefits,' as well as supportive/auxiliary services to eligible recipients. Now, Title XX assumes the responsibility for the supportive/auxiliary services, while Title IV-A and Title VI remain the source of actual payment or benefits.

At least 50% of Title XX funds must go to recipients, formerly eligible under Titles IV-A and VI, however, each state can now decide how to best expend the remaining portion, in accordance with their own social service priorities. However, those priorities, must be defined as meeting at least one of the five broad goals established by Title XX; that is, they must promote one of the following: self-sufficiency, self-supportiveness, appropriate institutional or deinstitutional placement, protection from abuse. Actually, any service designed to remove identifiable obstacles, impeding an individual from realizing his full potential, can qualify as a Title XX service. In addition, Family Planning Services are mandated. These contingencies are the basis for the content of the surveys.

The survey contributes an important element to the overall understanding of the State's social service needs. It, along with the other components of the needs assessment form a tool which should prove useful in program planning. Although, the secondary analysis section

(Vol. II) presents factual data reflective of the actual conditions in each county, the survey provides not only knowledge, but perceptions of that reality, and perceptions of the types of services needed. It is of utmost importance to consider both the actual conditions and perceptions of those conditions to comprehensively evaluate human needs throughout the State. This volume is a presentation of three survey perspectives. The purpose of these surveys is to determine how three very different but important groups view the priorities of various social services. The three groups surveyed are: The general public, social service providers, and 'special interest' groups.

Each of the groups surveyed is conceptually important. The first group--the general public--provides the tax base necessary for state services and conversely is the potential recipient of all social services, and necessarily an essential consideration. The second group--social service providers--work closely with or coordinate services to assist recipients of government services, and therefore, have a special insight into the interrelated needs of their clients, and the most beneficial programs. The third group termed 'special interest' groups is composed of particular groups which provide either direct service or advocacy for people with particular problems. Included here are family planning providers, CAP groups, mental health providers, and a potpourri of other organizations representing a particular special interest, e.g. the Migrant Council, Action for Eastern Montana, etc. This latter group is an important consideration, since many have either received Title XX funding in the past or they represent people most likely to be consumers of Title XX services. By representing consumer interest, special interest groups possess insight into social problems that might not be readily

available from the general public.

Questionnaires were drawn up to measure these priorities. A different form of questionnaire was used with each of these groups, although the content measured is similar; that is, the primary intent of the questionnaires is to measure priorities or importance given the services. Since services formerly covered under Titles IV-A and VI must be included, it is necessary to measure the importance of services to the aged, youth, and the disabled. Likewise, because of mandated family planning services, it is necessary to measure the importance of this service. In the past, Title XX funds have gone to alcohol abuse services, drug abuse services, and mental health services, therefore, an attempt will be made to determine the priorities given to these services.

In addition to items measuring the priorities of services, several other areas of concern are investigated. These areas of concern include awareness of social services and programs, delivery problems, experiences with social services, the focus for particular programs, as well as opinions on very specific items such as, eligibility requirements for state supported day care, need for information and referral hotlines, need for crisis hot lines, etc. In addition, respondents were asked to indicate if they have a need for particular kinds of services. The intent of this being the determination of incidence and prevalence of certain types of needs, which can be met by government programs.

METHODOLOGY

General Public Survey

In order to poll the general public, a random sample of Montana's adult population was drawn. This sample was selected from a data bank at the Statistical Center of Montana State University. The data bank includes individuals from every county of the state on the basis of 1975-76 automobile registration and contains the names of some 300,000 individuals. No individuals are included twice, and autos belonging to businesses and other organizations have been eliminated. Since the intended design of this endeavor is to poll adult individuals from all areas of the state, the structure of this data bank is quite compatible with the purpose of the study. After acknowledging biases which might be inherent to this bank, and reviewing alternative sources, the data bank of Montana State University is deemed most appropriate for our purposes. By using a random method of systematic selection, it is not only possible to view the entire state as an entity, but the possibility exists for viewing geographic regions within the state since by virtue of systematic slection, the sample is proportionately stratified by geographic areas. The resultant sample consists of 1,231 names systematically selected. Before mailing the questionnaire, it was pretested on adults randomly selected in Helena, and a group enrolled at CEP.

On November 15, a letter from the Governor was mailed to each of these individuals. This letter explained that a questionnaire was forthcoming, and urged full participation in the study. Several days later a questionnaire was mailed to each individual accompanied by a letter from the project director, further describing the purpose of the survey, and requesting the help of those selected; this was accompanied by a stamped and addressed return envelope. Two weeks following

the reminder letter, a second questionnaire was sent to those who still had not responded. Copies of these letters and the questionnaire appear in Appendices A and B. Identification numbers were stamped upon each questionnaire, so that reminder letters and the second questionnaire were mailed only to nonrespondents.

For the general public, the return rate for the questionnaire is 54.6% meaning that 672 individuals responded. In the latter part of December following the second mail-out of questionnaires, a telephone follow up was conducted. A 10% sample of the nonrespondents were contacted to ascertain reasons for not returning the questionnaire, as well as any bias among the nonrespondents. It was learned from this follow-up that hostility toward the questionnaire was not a reason for nonresponse. In fact, from those who agreed to answer it over the phone, responses did not differ in any measurable way from those who had earlier returned the questionnaire. The primary reason for nonresponse appeared to be the time of year, since the poll coincided with Thanksgiving and Christmas holidays; most of those not responding indicated that they just had not had the time to participate. Secondly, it was discovered that some people confused the intent of the questionnaire. They felt they did not know enough of existing government programs, inspite of the fact that the objective of the questionnaire was to discover their feeling about the need for particular services rather than actual knowledge of existing programs. Once this had been stressed, respondents were agreeable to give their opinions, regardless of their knowledge of present services. The representativeness of the sample is further substantiated by comparing demographic variables from the survey with those of the general population. See Appendix E.

Service Provider Survey

The social service providers consist of several provider populations; that is, within specified categories all providers, are included, rather than samples of these populations. Providers are conceptualized as forming three groups, depending on the nature of their work or their clients. The first group is composed of social workers. This consists of all social workers in county welfare offices, all county social work supervisors, all homemakers, and regional deveopmental disability representatives. The second group of providers, termed here as youth providers, consists of probation officers, aftercare workers, and youth development workers. These providers are conceptualized together as a group, since the main thrust of their work involves youth. The third group is termed aging representatives. This group includes all county aging chairmen and area directors on aging.

Lists of these providers were obtained from their departments of employment, or affiliation. The Department of Social and Rehabilitation Services furnished lists for all providers, except for probation officers, which were obtained from the Department of Justice. To insure that these lists were recent, all were obtained in the Fall of 1976, just prior to the mailings.

The intent of this survey was to see how providers themselves rate the priorities of various services, but within the analysis the distinction must be made among types of providers: social workers, youth providers, and aging repersentatives, since it is only natural that providers will rate services pertinent to their work, as more vital than services aimed at other clients. Prior to mailing the questionnaire, it was pretested on a group of social workers at the Lewis and Clark County Welfare Office.

A total of 384 providers were surveyed. A week preceding the mailing of the actual questionnaire, a letter was sent to each provider from the Department of Social and Rehabilitation Services. This letter endorsed the forthcoming questionnaire, and encouraged participation in the survey. On October 15, questionnaires were mailed to the providers, accompanied by a letter from the project director, further explaining the purpose of the study, and requesting the return of the questionnaire. Three weeks later, reminder letters were mailed to nonrespondents, and two weeks following the reminder letter, a second questionnaire was mailed to nonrespondents. As with the general public questionnaire, identification numbers were stamped on the questionnaire for the purpose of follow-up, and all questionnaires were accompanied by stamped and addressed return envelopes. In the middle of December, those who had not responded were contacted by phone, and requested to participate. The return rate for this questionnaire was 93.5% - a total of 359 providers returning the questionnaire.

'Special Interest Group' Survey

The sample chosen to represent special interest organizations is composed of organizations which either serve low income individuals or are advocates for low income individuals. Some of these organizations received Title XX funding for their programs in the past.

The sampling method utilized here is quite different from that used with the other two groups. The units were purposively selected. Since the intended mode of analysis is content analysis rather than tabular analysis--it is not imperative to perform any type of probability sampling as utilized with the other two surveys. The questionnaire form allows for open ended reply, allowing respondents full reign to air any grievance or problems upon which they wish to expound.

A total of 56 organizations are included in the sample. Each of these organizations received a mailed questionnaire. The follow-up letters were of the same style and time frame as were those of the provider survey. Samples of the questionnaire and accompanying letters are contained in Appendix A and B of this report. A total of 42 questionnaires were returned, for a return rate of 75.0%. Although some groups expressed the desire that all geographic subdivisions of their organization be included, rather than just the state level organization, it was not within the realm of this study to include an in-depth analysis of each of these organizations, but rather to highlight priorities stated by various kinds of organizations.

SECTION TWO

SERVICE PROVIDER SURVEY

Priorities of General Categories of Service

To determine the priority of general categories of service, the three groups of service providers were asked to rank-order the following categories of social services: aging services, child and youth services, developmental disability services, family planning services, alcohol abuse services, drug abuse services, and mental health services. Providers were asked to rank these seven types of service categories on a scale ranging from most to least important. Table 1 of this chapter shows the mean score obtained from the exact ranking of each category of social service. This indicates the overall importance given to each type of service relative to other services. To further elucidate the relationship among these services, and to make the data somewhat more manageable the responses were collapsed into three groups which can be conceptualized as: high need (ranked first or second), medium need (ranked third or fourth), and low need (ranked fifth, sixth, or seventh). The results of these need priorities are contained in Table 2 of this chapter.

Since providers are of the following types: social workers, youth service providers, and aging representatives, it might be expected that when ranking overall priorities of services, that the providers will tend to favor the service categories of their clients. This indeed appears to be the case. It is of particular interest, however, to note the priorities given by social workers, since their clientele is more varied cutting across all age groups and a diversity of problems.

As demonstrated in Table 1, aging services and child youth services receive the highest rating as priorities. These two services are followed by those services best characterized by a medium priority; those

are alcohol abuse services, mental health services, developmental disability services, respectively. Ranked lowest in need priority are family planning services and drug abuse services. In addition, several providers volunteered other services needed; e.g., employment related services and family counseling services. However, it is necessary to look closer at the differences on priorities among these groups.

Social Workers

Social workers see child and youth services as the top priority. A large majority, 70.7%, indicate this service as having a high need. As one social worker states "Most energy (should be) here; still only 'scratching surface'." Secondly, social workers mention aging services as a priority with almost a half (47.2%) indicating this as a top priority. Alchohol abuse services are listed as a third priority with 28.7% indicating this as a high priority service. Next in importance for these providers are mental health services, developmental disability services, family planning services, and drug abuse services, respectively. Drug abuse services, therefore, receive the lowest ranking.

Youth Workers

When the priorities of youth workers are considered, it is apparent that those services most akin to youth are rated as most important. Child and youth services rank as the top priority, with a very large majority (approximately 80%) giving it a high priority. Drug abuse services are indicated second most often as a priority service for these providers. Almost 30% of these providers perceive this service as a high need. As the data in Table 2 shows, alcohol abuse services and family planning services share about the same ranking as a third priority, followed by mental health services, developmental disability services and aging services, respectively.

Aging Representatives

As might be expected, aging services is ranked by aging representatives as the top service priority. A vast majority, 89.3% rank this service as a high need. However, nearly half, 46.7%, of the aging providers rank child and youth services as a high priority. The third priority for these providers is alcohol abuse services, with 39.2% ranking this in the upper third of priorities. Developmental disability services and mental health services are approximately tied for fourth priority, with nearly equal percentages indicating it as a high priority. This is followed by family planning services and drug abuse services.

Although each of these groups of providers have particular interests which are based upon the nature of their work and the clients they serve or represent, there exists some concensus among them on the priorities of services. Each group lists child and youth services as either the highest priority or second highest priority of services. Also, aging services ranks as a high priority among two of these groups, and alcohol abuse services can be thought of as the third priority in an overall sense. The only other service rated as a high priority is drug abuse services, as ranked by youth service providers.

TABLE 1

PRIORITIES OF GENERAL TYPES OF SERVICES

	Mean Scores*
Social Workers	
Child & Youth Services	2.2310
Aging Services	3.1774
Alcohol Abuse Services	3.7972
Mental Health Services	4.0752
Developmental Disability Services	4.1121
Family Planning Services	4.8986
Drug Abuse Services	5.3592
Youth Workers	
Child & Youth Services	1.7241
Alcohol Abuse Services	2.8333
Drug Abuse Services	3.7586
Family Planning Services	4.1379
Aging Services	4.5000
Mental Health Services	4.6154
Developmental Disability Services	5.2500
Aging Representatives	
Aging Services	1.3548
Child & Youth Services	2.9565
Alcohol Abuse Services	3.0930
Mental Health Services	4.2222
Drug Abuse Services	4.2439
Developmental Disability Services	4.2778
Family Planning Services	5.0882

* Scores can range from 1-7, the lower the mean score, the higher the priority.

TABLE 2

RANKING OF SERVICES BY PROVIDER TYPE

QUESTION: In the county where you work, which of the following categories of Social Services are needed most?

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Aging Services						
High	110	47.2	3	13.1	58	89.2
Medium	62	26.6	5	21.7	6	9.3
Low	61	26.2	15	65.2	1	1.5
No Response	28	----	7	----	3	----
TOTAL	233	100.0	23	100.0	65	100.00
Youth Services						
High	169	70.7	21	80.8	23	46.9
Medium	36	15.2	4	15.4	19	38.8
Low	34	14.1	1	3.8	7	14.3
No Response	22	----	4	----	19	----
TOTAL	239	100.0	26	100.0	49	100.0
Developmental Disabilities						
High	53	23.9	5	22.7	8	20.5
Medium	77	34.7	1	4.5	13	33.3
Low	92	41.4	16	72.7	18	46.2
No Response	39	----	8	----	29	----
TOTAL	222	100.0	22	99.9	39	100.0

TABLE 2

RANKING OF SERVICES BY PROVIDER TYPE (CONT.)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Family Planning						
High	22	10.1	6	22.2	7	19.4
Medium	67	30.7	9	33.3	5	13.9
Low	129	59.2	12	44.4	24	66.7
No Response	43	----	3	----	32	----
TOTAL	218	100.0	27	99.9	36	100.0
Alcohol Abuse Services						
High	63	28.7	11	42.3	18	39.1
Medium	77	35.2	12	46.2	21	45.7
Low	79	36.1	3	11.5	7	15.2
No Response	42	----	4	----	22	----
TOTAL	219	100.0	26	100.0	46	100.0
Drug Abuse Services						
High	14	6.8	8	29.6	5	11.6
Medium	48	23.2	10	37.0	18	41.8
Low	145	70.0	9	33.3	20	46.6
No Response	54	----	3	----	25	----
TOTAL	207	100.0	27	99.9	43	100.0
Mental Health Services						
High	54	23.8	5	20.9	7	18.4
Medium	82	36.1	8	33.3	15	39.5
Low	91	40.1	11	45.8	16	42.1
No Response	34	----	6	----	30	----
TOTAL	227	100.0	24	100.0	38	100.0

Priorities of Aging Services

The same three groups of providers were asked to rate the priorities within Aging Service for very specific programs by rank ordering these specific programs: Meals on Wheels, Homemaker Services, Home Maintenance Programs, Adjustment Services, and Transportation Services. This was accomplished by measuring the priority of each service on a scale ranging from most important to least important. Table 3 shows the mean of those scores for each specific service. Table 4 looks at the same data arranged in a different manner. Here, categories are collapsed into high need (ranked first or second), medium need (ranked third or fourth), and low need (ranked fifth or possibly sixth).

According to the data on Table 3, Transportation emerges as the overall priority, followed by Meals on Wheels, and Homemaker Chores, Home Maintenance, and lastly by Adjustment Services.

Again this is a very general statement of the rankings, and it is now necessary to examine more closely priority differences among provider groups.

Social Workers

Social workers see Homemaker Services as being the most important. A large majority, 73.9%, place this service in the top third of priorities. In addition, Transportation was second most often cited as a high priority, with over half of the social workers placing this service in the top third of priorities. Following in order of indicated importance are: Home Maintenance, Meals on Wheels, and lastly Adjustment Services. It is apparent from this that the top priorities are given to services which social workers themselves provide. However, even within this array it is possible to say that there is prioritization, since both

Home Maintenance and Adjustment Services (ranked lower than the others) are within the provision of these providers.

Youth Workers

Youth workers most likely have the least contact with the elderly of the three groups, and the ranking they give priorities for the aging services are quite different. They give the most importance to Home Maintenance. Over half indicate this service as being in the top priority. Transportation was listed second most frequently as a priority with 45% of the youth workers reporting this as high need. The other services are listed in order of importance given them by youth workers: Homemaker Service, Meals on Wheels, and lastly Adjustment Services.

Aging Representatives

Aging representatives have the greatest contact with the aging populations of counties and see the priorities of aging services from yet another perspective. It is with this group that the most weight should be placed, since they deal directly and almost exclusively, in serving the elderly. Aging representatives, like social workers see transportation as a very important service. In fact, aging representatives see transportation as the most important service priority with approximately 70% listing this service in the top third of priorities. Meals on Wheels is the second most frequently mentioned priority - a majority of the representatives rating this as a high priority. Third most often mentioned is Homemaker Services, followed by Home Maintenance, and in last place Adjustment Services.

In spite of the fact that the priorities listed above come from different perspectives Transportation appears to be the top service priority. Not only do the aging representatives mention this most often

TABLE 3

PRIORITIES OF AGING SERVICES

	Mean Scores*
Social Workers	
Homemaker Services	1.8262
Transportation	2.4401
Home Maintenance Services	3.1681
Meals on Wheels	3.4072
Adjustment Services	4.0234
Youth Workers	
Home Maintenance Services	2.3182
Transportation	2.9091
Meals on Wheels	2.9524
Homemaker Services	3.0000
Adjustment Services	3.3636
Aging Representatives	
Transportation	1.9824
Meals on Wheels	2.3800
Homemaker	2.5555
Home Maintenance	2.9231
Adjustment Services	4.7241

* Scores can range from 1-5, the lower the mean score, the higher the priority

TABLE 4

RANKING OF AGING SERVICES

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Meals On Wheels						
High	59	26.6	7	36.8	33	62.3
Medium	108	48.6	7	36.8	14	26.4
Low	55	24.8	5	26.3	6	11.3
No Response	39	----	11	----	15	----
TOTAL	222	100.0	19	99.9	53	100.0
Homemaker Services						
High	180	75.9	8	40.0	29	50.9
Medium	50	21.1	11	55.0	24	42.1
Low	7	3.0	1	5.0	4	7.0
No Response	24	----	10	----	11	----
TOTAL	237	100.0	20	100.0	57	100.0
Adjustment Services						
High	31	14.4	7	36.8	3	9.7
Medium	80	37.2	5	26.3	6	19.3
Low	104	48.4	7	36.8	22	71.0
No Response	46	----	11	----	37	----
TOTAL	215	100.0	19	99.9	31	100.0

TABLE 4

RANKING OF AGING SERVICES (CONT.)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Home Maintence						
High	71	32.1	11	55.0	18	32.8
Medium	119	53.8	8	40.0	34	61.8
Low	31	14.0	1	5.0	3	5.4
No Response	40	----	10	----	13	----
TOTAL	221	99.9	20	100.0	55	100.0
Aging Services: Transportation						
High	138	58.7	9	45.0	42	70.0
Medium	80	34.0	6	30.0	16	26.7
Low	17	7.2	5	25.0	2	3.3
No Response	26	----	10	----	8	----
TOTAL	235	99.9	20	100.0	60	100.0

as being a high priority, but it is also mentioned by the other two groups as either the most important or second most important priority. Secondly, Meals on Wheels, is listed by aging representatives as important, and thirdly, both aging representatives and social workers list homemaker chores as significant.

Priorities of Child and Youth Services

The following programs within Child and Youth Services were presented for prioritization: Protective Services, Correctional Services, Youth Development and Primary Intervention Services, Health Related Services, Foster Care Services, and Day Care Services. Providers ranked these seven types of youth programs on a scale ranging from most to least important. Table 5 which follows presents the mean score for each of these programs--the higher the mean score the more priority given to the particular program. Furthermore, the data is arranged in another manner in Table 6; indicated need is broken down into three groups: high (ranked first or second), medium (ranked third or fourth), and low (ranked fifth, sixth, or seventh).

It can be concluded from Table 5 that in an overall sense, Youth Development and Primary Intervention, as well as Protective Services, expecially in the form of Foster Care Services appear to be the top priorities among these three groups of social service providers. However, a more detailed description of the priorities given by each provider group follows.

Social Workers

Social workers gave the highest priority to Protective Services. This may be due to the fact that Protective Services comprise a significant proportion of their workload. As shown on Table 6, a majority, 57%, of the social workers placed Protective Services in the top third of priorities. Similarly, they view Foster Care as the second most important priority, with 43% indicating this as a high priority. The social workers see Youth Development and Primary Intervention as the third priority, followed by Day Care Services, Correctional Services, and Health Related Services, respectively.

TABLE 5

PRIORITIES OF YOUTH SERVICES

	Mean Scores*
Social Workers	
Protective Services	1.7874
Foster Care Services	3.0578
Day Care Services	3.5086
Youth Development / Primary Intervention	3.5630
Correctional Services	4.2420
Health Related for Children	4.5525
Youth Workers	
Youth Development/Primary Intervention	1.8929
Foster Care Services	2.9706
Protective Services	3.0714
Correctional Services	3.3571
Health Related Services	4.5000
Day Care Services	4.7308
Aging Representatives	
Youth Development/Primary Intervention	2.3784
Correctional Services	2.7297
Health Related for Children	2.8182
Day Care Services	3.0278
Protective Services	3.4193
Foster Care Services	3.4839

*Scores can range from 1-6, the lower the mean score, the higher the priority.

TABLE 6

RANKING OF CHILD AND YOUTH SERVICES

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Protective Services						
High	184	76.3	9	36.0	11	32.4
Medium	46	19.1	15	60.0	15	44.1
Low	11	4.5	1	4.0	8	23.5
No Response	20	----	5	----	34	----
TOTAL	241	99.9	25	100.0	34	100.0
Correctional Services						
High	34	15.4	10	40.0	20	50.0
Medium	73	33.2	6	24.0	13	32.5
Low	113	51.4	9	36.0	7	17.5
No Response	41	----	5	----	28	----
TOTAL	220	100.0	25	100.0	40	100.0
Day Care Services						
High	63	27.0	2	8.7	16	41.0
Medium	108	46.4	7	30.4	14	35.9
Low	62	26.6	14	60.9	9	23.1
No Response	28	----	7	----	29	----
TOTAL	233	100.0	23	100.0	39	100.0

TABLE 6

RANKING OF CHILD AND YOUTH SERVICES (CONT.)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Foster Care Services						
High	105	43.0	13	43.3	--	----
Medium	95	38.9	11	36.7	--	----
Low	44	18.0	6	20.0	--	----
No Response	17	----	--	----	--	----
TOTAL	244	99.9	30	100.0	--	----
Health Related for Children						
High	26	11.7	2	8.3	17	48.6
Medium	75	33.8	5	20.8	10	28.6
Low	121	54.5	17	70.8	8	22.9
No Response	39	----	6	----	33	----
TOTAL	222	100.0	24	99.9	35	100.1
Youth Development & Primary Intervention						
High	74	33.0	19	76.0	25	64.1
Medium	72	32.1	5	20.0	8	20.5
Low	78	34.8	1	4.0	6	15.4
No Response	37	----	5	----	29	----
TOTAL	224	99.9	25	100.0	39	100.0

Youth Workers

Youth workers view Youth Development and Primary Intervention as being of the greatest importance; not surprising since this is a major service provided by youth workers. According to the data in Table 6, a large majority of the workers see this as a highly needed service. A second priority preference is Foster Care Services; here, 43.3% view this in the upper third of services needed. Youth workers rate the following services in descending order of importance: Protective Services, Day Care Services, Correctional Services, and Health Related Services. Since this group of providers has intense contact with youth, especially youth with problems, their opinions regarding the priorities of youth services should be given special emphasis. They prefer diversionary, developmental programs to correctional programs. Likewise, their sympathies lie with alternative living situations, when deemed necessary. Day Care Services, Correctional Services, and Health Related Services receive a lower priority than the others do.

Aging Representatives

Aging respresentatives view Youth Development and Primary Intervention as the most important of the youth services. A majority, over 64% of these representatives see this service as falling in the top third of the priorities. Correctional Services are seen as the second priority by this group with 50% viewing it as a high need. Following in order of priority ranking are: Health Related Services, Day Care Services, and Protective Services tied with Foster Care for last priority. Although it is interesting that aging representatives view Youth Development and Primary Intervention as a top priority, as do social workers, and youth workers, it might be added, that aging representatives are probably not

subjected to the numerous cases of child abuse and neglect, as are the other two groups of providers. This may account for the low rating given Protective Services and Foster Care Services. In conclusion, child and youth needs listed by youth workers should be given first consideration, followed most closely by those stated by social workers.

Priorities of Developmental Disability Services

Service providers were asked to rank order the priorities of the following developmental disability services: Daily Living Training, Respite Care, Transportation for the Disabled, Vocational Training, Homemaker Chores and Home Training for the Disabled, and Preschool and Day Training for the Disabled. These services were ranked on a scale ranging from most to least important. The mean score for each service is presented in Table 7. This score indicates the overall importance given to each service relative to the other developmental disability services. As with other priorities discussed in this report, these exact ratings were collapsed into high, medium, and low need categories.

These providers generally give the greatest priority to services related to training. Daily Living Training is ranked as a top priority by all three groups, and two of the groups mention vocational training a high priority. The differences among these providers will now be examined.

Social Workers

Social workers feel the most important developmental disability service is Daily Living Training, that is, teaching the disabled such skills as brushing teeth, combing hair, personal hygiene, etc. More than 54% of the social workers see this as a high level need. Secondly, vocational training is seen by this group as a priority. For this service, over 37% ranked it in the top third of priorities. The other services were prioritized, respectively, by social workers: Respite Care, Transportation, Preschool/Day Training, and Homemaker Training.

Youth Workers

Vocational Training is seen as the top priority by the youth workers. Almost two-thirds, 62.2%, see this service as a high priority. These workers see Daily Living Training as second most important with 52.9% indicating this as a high priority. Youth workers rank the other developmental disability services in the following order of importance: Respite Care, Preschool Day Training, Homemaker Chores and Home Training.

Aging Representatives

The aging representatives see the top priority of developmental disability services in much the same way they see the priority of their own clients within aging services. For example, transportation is seen as the top priority with over 62% stating this as a high priority. However, this group, like the other two groups of providers, sees Daily Living Training as a priority with over 53% indicating it as a top or high priority. Likewise, Vocational Training, and Homemaker Training are seen as substantially important. Somewhat over 40% see each of these as a high level need. These priorities are followed by Respite Care and Preschool Day Training.

Again, as previously mentioned providers stress services which provide some type of training. It is the concensus of these providers that aspects of training are of the utmost importance.

TABLE 7

PRIORITIES OF DEVELOPMENTAL DISABILITIES SERVICES

	Mean Scores*
Social Workers	
Daily Living Training	2.3454
Vocational Training	3.1772
Respite Care	3.6238
Transportation	3.8064
Preschool/Daytraining	3.8252
Homemaker / Trainer Chore	3.8605
Youth Workers	
Vocational Training	2.2609
Daily Living Training	2.3684
Respite Care	3.6842
Homemaker/Trainer Chore	3.6842
Preschool / Day Training	4.1429
Transportation Services	4.8333
Aging Representatives	
Transportation Services	2.3333
Daily Living Training	2.5278
Vocational Training	2.8718
Homemaker/Trainer Chore	2.9412
Preschool/Day Training	3.6875
Respite Care	3.9667

* Scores can range from 1-6, the lower the mean score, the higher the priority.

TABLE 8

RANKING OF DEVELOPMENTAL DISABILITY SERVICES

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Daily Living Training						
High	141	64.1	9	52.9	21	53.8
Medium	52	23.6	7	41.2	14	35.9
Low	27	12.3	1	5.9	4	10.3
No Response	40	-----	13	-----	29	-----
TOTAL	220	100.0	17	100.0	39	100.0
Respite Care						
High	67	31.9	5	29.4	10	30.3
Medium	68	32.4	4	23.5	7	21.2
Low	75	35.7	8	47.1	16	48.5
No Resonse	61	-----	13	-----	35	-----
TOTAL	210	100.0	17	100.0	33	100.0
Transportation Services						
High	59	27.2	1	6.2	28	62.2
Medium	76	35.0	6	37.5	11	24.4
Low	82	37.8	9	56.3	6	13.3
No Response	44	-----	14	-----	23	-----
TOTAL	217	100.0	16	100.0	45	99.9

TABLE 8

RANKING OF DEVELOPMENTAL DISABILITY SERVICES (CONT)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Vocational Training						
High	83	37.7	16	76.2	18	42.9
Medium	87	39.5	1	4.8	16	38.1
Low	50	22.7	4	19.0	8	19.0
No Response	41	-----	9	-----	---	-----
TOTAL	220	99.9	21	100.0	42	100.0
Homemaker/Trainer Chore						
High	52	24.9	3	17.6	16	44.4
Medium	71	34.0	10	58.8	17	47.2
Low	86	41.1	4	23.5	3	8.3
No Response	52	-----	13	-----	---	-----
TOTAL	209	100.0	17	99.9	36	99.9
Preschool/Day Training						
High	53	25.6	4	21.0	10	29.4
Medium	72	34.8	6	31.6	9	26.5
Low	82	39.6	9	47.4	15	44.1
No Response	54	-----	11	-----	34	-----
TOTAL	207	100.0	19	100.0	34	100.0

Priorities of Family Planning Services

Providers were asked to rank order the priorities of family planning services. A scale measuring the most important to the least important service was used for this purpose. The following services were rated: Information and Referral Services, Outreach Programs, Instructional Programs, Family Health Programs, Birth Control, and Public School Programs. Table 9 presents the mean scores from the exact rankings of each type of family planning service. Table 10 essentially shows the same information arranged in categories of high (first or second ranking), medium (third or fourth ranking) or low (fifth or sixth ranking) need.

Generally, the findings in Tables 9 and 10 show that Information and Referral along with Birth Control are the activities most often ranked by service providers in the top third of importance. However, these groups of providers see the priorities somewhat differently, as discussed below.

Social Workers

Table 9 and 10 show that social workers rank Birth Control as the top priority of family planning services. A majority, 55.5%, indicate this is a high priority activity. Secondly, these providers list Information and Referral Services as a priority with 47.8% referring to this as a high need activity.

Youth Workers

For youth workers, the priority of family planning services are somewhat similar. For these providers, Information and Referral is most often mentioned in the top third of importance. Half of these providers

say it is a high priority, while Birth Control and Public School Programs are approximately tied as a second priority.

Aging Representatives

Aging representatives also see Information and Referral Services as the top priority of services. There is not a significant difference among the ratings given to the other services from the perspective of aging representatives.

TABLE 9

PRIORITIES OF FAMILY PLANNING SERVICES

	Mean Scores*
Social Workers	
Birth Control	2.6666
Information and Referral	2.9687
Public School Programs	3.2466
Instructional Programs	3.4279
Outreach Programs	3.8215
Family Health Programs	3.8325
Youth Workers	
Birth Control	3.0357
Information and Referral	3.1481
Public School Programs	3.3214
Outreach Programs	3.4000
Instructional Programs	3.4583
Family Health Programs	3.7500
Aging Representatives	
Information and Referral	2.4324
Family Health Programs	2.7778
Outreach Programs	2.9459
Instructional Programs	3.0625
Public School Programs	3.2778
Birth Control	3.5833

* Scores can range from 1-6, the lower the mean score, the higher the priority.

TABLE 10

RANKING OF FAMILY PLANNING SERVICES

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Birth Control						
High	126	55.5	14	56.0	12	31.6
Medium	64	28.2	3	12.0	14	36.9
Low	37	16.3	8	32.0	12	31.6
No Response	34	----	5	----	30	----
TOTAL	227	100.0	25	100.0	38	100.0
Family Health Programs						
High	57	26.4	4	19.0	18	46.1
Medium	70	32.4	9	42.9	15	38.5
Low	89	41.2	8	38.1	6	15.4
No Response	45	----	9	----	25	----
TOTAL	216	100.0	21	100.0	39	100.0
Instructional Programs						
High	57	26.3	4	19.0	15	42.9
Medium	102	47.3	12	57.2	12	34.3
Low	57	26.4	5	23.8	8	22.8
No Response	45	----	9	----	33	----
TOTAL	216	100.0	21	100.0	35	100.0

TABLE 10

RANKING OF FAMILY PLANNING SERVICES (CONT.)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Outreach Programs						
High	64	29.9	7	31.8	18	45.0
Medium	63	29.4	9	40.9	14	35.0
Low	87	40.7	6	27.3	8	20.0
No Response	47	----	8	----	28	----
TOTAL	214	100.0	22	100.0	40	100.0
Information and Referral						
High	108	47.8	12	50.0	22	56.4
Medium	61	27.0	5	20.8	12	30.7
Low	57	25.2	7	29.2	5	12.8
No Response	35	----	6	----	29	----
TOTAL	226	100.0	24	100.0	39	100.0

Priorities of Alcohol Abuse Services

Providers were asked to state their priorities for the following types of alcohol abuse services: Adult Counseling, Youth Counseling, Prevention Type Programs, Detoxification, Half-way Houses, Public School Programs. They rated these services in the same manner as was done with other services; that is, on a scale ranging from most important to least important. Table 11 gives the mean scores for each of these services, based upon the precise ratings given. The data in Table 12 is arranged in another manner so that there are high (first or second ranking), medium (third or fourth ranking), and low (fifth or sixth ranking) categories.

From these tables, it can be concluded that the most preferred mode of dealing with alcohol abuse is counseling, especially youth counseling. It is felt by many that counseling services should be focused upon youth, since youth school counseling appears to be the most salient priority among all service providers being most often listed as the top priority. The following discusses how each group of providers view these priorities.

Social Workers

Social workers name counseling as the top priority. Adult counseling has the highest priority and 50.3% of all social workers indicate this as a high priority. Youth counseling, however, is mentioned almost as frequently with 49.6% of the social workers listing this as a priority.

Youth Workers

Youth alcohol counseling is seen as the top priority for this group. Over three-fourths, list this type of service as a top priority.

TABLE 11

PRIORITIES OF ALCOHOL ABUSE SERVICES

	Mean Scores*
Social Workers	
Youth Counseling	2.7412
Adult Counseling	2.7763
Prevention-type Programs	3.8340
Detoxification Services	3.6500
Public School Programs	3.9140
Half-Way Houses	4.3623
Youth Workers	
Youth Counseling	1.6970
Prevention-type Programs	2.9333
Public School Programs	3.1429
Adult Counseling	3.2759
Detoxification Services	3.8461
Half-Way Houses	5.0800
Aging Representatives	
Adult Counseling	1.9487
Youth Counseling	2.1395
Prevention-type Programs	2.5263
Public School Programs	3.4474
Detoxification Services	3.8929
Half-Way Houses	4.5769

* Scores can range from 1-6, the lower the mean score, the higher the priority.

TABLE 12

RANKING OF ALCOHOL ABUSE SERVICES

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Adult Counseling						
High	118	51.3	7	28.0	31	73.8
Medium	76	33.0	11	44.0	7	16.7
Low	36	15.7	7	28.0	4	9.5
No Response	31	----	5	----	26	-----
TOTAL	230	100.0	25	100.0	42	100.0
Youth Counseling						
High	114	49.6	22	75.9	31	67.4
Medium	90	39.1	7	24.1	13	28.3
Low	26	11.3	0	0.0	2	4.3
No Response	31	----	1	----	22	----
TOTAL	230	100.0	29	100.0	46	100.0
Prevention-Type Programs						
High	100	44.6	10	37.0	22	53.7
Medium	81	36.2	14	51.8	17	41.5
Low	43	19.2	3	11.1	2	4.9
No Response	37	----	3	----	27	----
TOTAL	224	100.0	27	99.9	41	100.1

TABLE 12

RANKING OF ALCOHOL ABUSE SERVICES (CONT.)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Detoxification						
High	58	26.1	7	30.4	4	13.4
Medium	83	37.4	4	17.4	15	50.0
Low	81	36.5	12	52.2	11	36.6
No Response	39	----	7	----	38	----
TOTAL	222	100.0	23	100.0	30	100.0
Half-Way Houses						
High	39	18.7	3	13.6	3	10.7
Medium	53	25.3	2	9.1	9	32.1
Low	117	56.0	17	77.2	16	57.1
No Response	52	----	8	----	40	----
TOTAL	209	100.0	22	99.9	28	100.0
Public School Programs						
High	65	29.3	11	44.0	13	31.7
Medium	54	24.4	10	40.0	14	34.2
Low	103	46.4	4	16.0	14	34.1
No Response	39	----	5	----	27	----
TOTAL	222	100.1	25	100.0	41	100.0

Secondly, youth workers cite public school programs on alcoholism as important. Nearly half mention this as a priority.

Aging Representatives

These representatives are in substantial agreement with the other two groups of providers in that they also list counseling as the top priority. They perceive youth alcohol counseling as the higher priority with 67.4% saying this is a high priority as shown on Table 12.

Drug Abuse Services

Social service providers were asked to indicate their priorities of the following drug abuse services or programs: Counseling, Youth Programs, Prevention-type Programs, Treatment Services, Public School Programs, and Community Awareness Programs, Information and Referral Services. They did this by indicating for each program its position on a range from most important to least important service. Table 13 gives the mean score for each of these services relative to the other services. Table 14 collapses the data into high (first and second ranking), medium (third, and fourth ranking) and low (fifth, sixth, and seventh) need categories.

It is apparent from these tables that providers see prevention as the most important aspect of Drug Abuse Programs with a special emphasis on Youth Programs. This is not surprising in view of the fact that young people are the most likely target of drug abuse at the present time. The following discusion presents the priorities given by each provider group in more detail.

Social Workers

Social workers see the top priority as prevention-type programs. Over 47% list this as a high priority. Priorities among the other services were somewhat evenly distributed, and there were not any services which stood apart significantly from the others as a priority.

Youth Workers

To youth workers, the top priority is youth programs on drug abuse; 64% of these providers indicate this as a top priority. Secondly, and very akin to the first priority, public school programs place as a top priority with 48% listing this as a high priority.

Aging Representatives

Both prevention type programs and youth programs are cited by aging representatives as a high priority. For each service about 59% say it is a high level need.

TABLE 13

PRIORITIES OF DRUG ABUSE SERVICES

	Mean Scores *
Social Workers	
Prevention-Type Programs	2.8854
Youth Programs	3.3990
Counseling	3.4260
Treatment Services	3.8915
Community Awareness	3.9677
Public School Programs	4.0288
Information and Referral	5.1758
Youth Workers	
Youth Programs	2.0000
Public School Programs	3.1379
Counseling	3.3571
Prevention-Type Programs	3.5000
Community Awareness Programs	3.7037
Treatment Services	3.8214
Information and Referral	5.4167
Aging Representatives	
Prevention-Type Programs	2.5610
Youth Programs	2.5946
Counseling	2.7222
Community Awareness Programs	3.1428
Public School Programs	3.7632
Treatment Programs	4.6667
Information and Referral	5.1111

* Scores can range from 1-7, the lower the mean score, the higher the priority.

TABLE 14

RANKING OF DRUG ABUSE SERVICES

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Counseling						
High	80	35.7	8	32.0	17	43.6
Medium	77	34.4	12	48.0	18	46.1
Low	67	29.9	5	20.0	4	10.3
No Response	37	----	5	----	29	----
TOTAL	224	100.0	25	100.0	39	100.0
Prevention Type Programs						
High	108	47.4	10	37.0	26	59.1
Medium	69	30.3	7	25.9	12	27.3
Low	51	22.4	10	37.0	6	13.6
No Response	33	----	3	----	24	----
TOTAL	228	100.0	27	99.9	44	100.0
Treatment Services						
High	65	30.4	8	32.0	5	14.3
Medium	63	29.4	5	20.0	10	28.6
Low	86	40.2	12	48.0	20	57.1
No Response	47	----	5	----	33	----
TOTAL	214	100.0	25	100.0	35	100.0

TABLE 14

RANKING OF DRUG ABUSE SERVICES (CONT.)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Public School Programs						
High	67	30.2	12	48.0	12	30.0
Medium	58	26.1	6	24.0	12	30.0
Low	97	43.7	7	28.0	16	40.0
No Response	39	----	5	----	28	----
TOTAL	222	100.0	25	100.0	40	100.0
Community Awareness						
High	68	31.1	7	30.4	21	46.7
Medium	59	26.9	6	26.1	10	22.2
Low	92	42.0	10	43.5	14	31.1
No Response	42	----	7	----	--	----
TOTAL	219	100.0	23	100.0	45	100.0
Youth Programs						
High	78	36.3	16	64.0	23	59.0
Medium	79	36.7	7	28.0	10	25.6
Low	58	27.0	2	8.0	6	15.4
No Response	46	----	5	----	29	----
TOTAL	215	100.0	25	100.0	39	100.0

TABLE 14

RANKING OF DRUG ABUSE SERVICES (CONT.)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Information and Referral						
High	29	14.4	1	4.8	4	13.8
Medium	40	19.9	5	23.8	8	27.6
Low	132	65.7	15	71.4	17	58.6
No Response	60	----	9	----	39	----
TOTAL	201	100.0	21	100.0	29	100.0

Priorities for Mental Health Services

Service providers were asked to indicate the priorities of the following mental health services: mmental health programs for youth, counseling services, outreach programs, mental health centers, crisis intervention services, and information and referral services. They did this by checking each of the above items on a scale from most important to least important. Table 15 shows the overall priorities obtained using a mean score of the exact rankings, while Table 16 displays the same data using collapsed categories of high (first or second ranking), medium (third or fourth ranking) and low (fifth or sixth ranking) categories of need.

Overall, these tables portray counseling services as a high priority service for each group of providers, while crisis intevention is mentioned by two of the groups as a second most needed service. As might be expected youth workers mention youth mental health programs as a high priority. The following is a short summary of provider responses.

Social Workers

Social workers indicate counseling as the top priority with somewhat over half of these respondents ranking it as a high need. Secondly, crisis intervention ranks as a priority; over 47% state this as a high priority. Other priorities within mental health services appear in the following order of importance: programs for youth, mental health centers, outreach workers, and information and referral services.

Youth Workers

Youth workers see programs for youth as the most important service; 68% place this as a high priority. Counseling is ranked in second

position with 52% indicating this as a high priority. These two services are followed by crisis intervention, outreach, mental health centers, information and referral, respectively.

Aging Representatives

Counseling is the number one priority for this group, some 63% see this as a high priority. The service most often mentioned after counseling is crisis intervention; 52.8% say it is a high priority. This is followed by outreach service programs for youth, mental health centers, and information and referral.

TABLE 15

PRIORITIES ON MENTAL HEALTH SERVICES

	Mean Scores*
Social Workers	
Counseling Services	2.6480
Crisis Intervention Services	2.7798
Mental Health Services	3.4259
Programs for Youth	3.4285
Outreach Programs	3.7906
Information and Referral	4.3252
Youth Workers	
Programs for Youth	2.0357
Counseling Services	2.9286
Crisis Intervention	3.0370
Outreach Programs	3.7500
Intervention and Referral	4.8333
Mental Health Centers	4.9600
Aging Representatives	
Counseling Services	2.2500
Crisis Intervention	2.7273
Outreach Programs	2.8529
Programs for Youth	3.0571
Mental Health Centers	3.4687
Information and Referral	3.8182

* Scores can range from 1-6, the lower the mean score, the higher the priority.

TABLE 16

RANKING OF MENTAL HEALTH SERVICES

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Counseling Services						
High	119	50.6	14	56.0	24	63.2
Medium	90	38.3	8	32.0	12	31.6
Low	26	11.1	3	12.0	2	5.3
No Response	33	----	5	----	30	----
TOTAL	235	100.0	25	100.0	38	100.1
Outreach Programs						
High	56	25.9	4	19.0	17	45.9
Medium	77	35.6	9	42.9	14	37.8
Low	83	38.5	8	38.1	6	16.2
No Response	52	----	9	----	31	----
TOTAL	216	100.0	21	100.0	37	99.9
Mental Health Concerns						
High	87	39.9	4	18.2	14	41.2
Medium	50	22.9	3	13.6	4	11.8
Low	81	37.2	15	68.2	16	47.0
No Response	50	----	--	----	--	----
TOTAL	218	100.0	22	100.0	34	100.0

TABLE 16

RANKING OF MENTAL HEALTH SERVICES (CONT.)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Crisis Intervention						
High	105	47.9	7	29.2	19	52.8
Medium	79	36.1	13	54.2	12	33.3
Low	35	16.0	4	16.6	5	13.9
No Response	49	----	--	----	--	----
TOTAL	219	100.0	24	100.0	36	100.0
Programs for Youth						
High	67	30.6	17	68.0	15	40.5
Medium	90	41.1	6	24.0	14	37.8
Low	62	28.3	2	8.0	8	21.6
No Response	42	----	5	----	31	----
TOTAL	219	100.0	25	100.00	37	99.9
Information & Referral						
High	42	20.2	2	9.5	8	22.9
Medium	53	25.5	4	19.0	14	40.0
Low	113	54.3	15	71.4	13	37.1
No Response	53	----	--	----	--	----
TOTAL	208	100.0	21	99.9	35	100.0

Quality of Services

Quality of services is a broad term. It can refer to the competency or training of providers involved or it can refer to the regularity of service provision. Also, it could refer to the appropriateness of a program design; since quality of service maybe rated low, regardless of adequate provision, if the service is not deemed important.

The following is a description of how various provider groups perceive the quality of different categories of service. It is subsequently necessary to analyize these ratings in conjunction with other data to further determine more specific aspects of quality.

The data on Table 17 reveals that social workers evaluate the quality of aging services higher than that of other types of services; over 44% say the quality of aging services is good, and about 56% say the quality is fair. Secondly, the quality of D.D. services is mentioned next most favorably; 44.7% of the social workers say the quality of D.D. Service is good, and 38.8% say the quality is fair while 11% say it is poor. The quality of youth services are rated somewhat less favorably with 33.3% indicating good, 49% fair, and 16.5% poor. The quality of mental health services and family planning are perceived as about the same by these providers. Some 31% cite the quality of each service as good, while 45-50% indicate fair quality, and the remainder cite quality as either poor or nonexistent. Alcohol abuse and drug abuse services were ranked lowest in quality, with drug abuse services ranking the lower of the two. Only 7.4% of the social workers thought the quality of drug abuse services was good.

Youth workers see the quality of these services in much the same

profile. See Table 17. Aging services again receive the highest rating with 44% of the workers rating quality as good and another 40% ranking it as fair. Youth workers, like social workers, rate developmental disability services second most favorably; 36% say the quality of D.D. services is good, and 40% say the quality is fair. These providers rate the quality of youth services as third; 26.4% indicate the quality as good, and 43% say it is fair, while 23.3% say it is poor. There is no substantial difference between the indicated quality of mental health services and family planning services. Both rank about fourth in quality followed closely by alcohol abuse services. Drug abuse services has the lowest ranking.

Aging representatives, like the other groups of providers, see the quality of aging services as better than the other services. According to Table 17, the quality of aging services is rated as good by 57% and fair by 39.4% of the representatives. The quality of mental health services ranks second most favorably; some 20% rank it as good, 45.8% rate it as fair, and 33.9% say the quality of service was either poor or nonexistent. The quality of other services are not rated substantially different from each other, but follow, respectively.

Conclusions

There is a general concensus among these service providers that aging services has the highest quality. For two groups of providers the quality of developmental disability services, is rated second most favorably. The quality of the other services are not ranked as highly by these providers. However, generally fall in this order: child and youth services, mental health services, alcohol abuse services. There is a lack of concensus among providers regarding the quality of family

planning services; youth workers rate the quality much higher than do other providers. Finally, the quality of drug abuse services has the lowest ranking of any of the services, for all three groups of providers. Furthermore as to be expected Social and Rehabilitation employees think SRS services are of better quality than those services provided outside SRS. However, it is of interest that aside from SRS services mental health services receives the most favorable quality rating. This is especially true among aging representatives, who are less closely connected with SRS. They rate the quality of mental health services second only to the quality of aging services.

Results can be interpreted in either of two ways:

(1) It might be reasoned that because the quality of service is high it should continue to be supported or enlarged.

Or

(2) Because the quality of services is rated as low, more attention should be diverted to the deficiencies of this service, since the categories of service, are equally important. At least, this type of finding should prompt further investigation of the ramifications of the data.

TABLE 17

A. QUALITY OF AGING SERVICES BY SERVICE PROVIDERS

QUESTION: How would you rate the general quality of aging services presently provided in the county where you work?

	Social Worker/ Coordinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
Good	112	44.1	11	44.0	31	47.0
Fair	118	46.5	10	40.0	26	39.4
Poor	24	9.4	4	16.0	7	10.6
Non-Existent	0	.0	0	.0	2	3.0
No Response	7	----	5	----	2	----
TOTAL	254	100.0	25	100.0	66	100.0

B. QUALITY OF YOUTH SERVICES BY SERVICE PROVIDERS

QUESTION: How would you rate the general quality of youth services presently provided in the county where you work?

Good	85	33.3	8	26.7	6	9.8
Fair	125	49.0	13	43.3	33	54.1
Poor	42	16.5	7	23.3	14	23.0
Non-Existent	3	1.2	2	6.7	8	13.1
No Response	6	----	---	----	7	----
TOTAL	255	100.0	30	100.0	61	100.0

NOTE: The "No Response" Category is excluded from all computations.

TABLE 17

C. QUALITY OF DEVELOPMENTAL DISABILITIES SERVICES BY SERVICE PROVIDERS

QUESTION: How would you rate the general quality of developmental disabilities services presently provided in the county where you work?

	Social Worker/ Coordinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
Good	114	44.7	9	36.0	9	15.5
Fair	99	38.8	10	40.0	19	32.8
Poor	28	11.0	5	20.0	13	22.4
Non-Existent	14	5.5	1	4.0	17	29.3
No response	6	----	5	----	10	----
TOTAL	255	100.0	25	100.0	58	100.0

D. QUALITY OF FAMILY PLANNING SERVICES BY SERVICE PROVIDERS

QUESTION: How would you rate the general quality of family planning services presently provided in the county where you work?

Good	79	31.5	6	20.0	7	12.3
Fair	110	43.8	16	53.3	17	29.8
Poor	37	14.7	6	20.0	23	40.4
Non-Existent	25	10.0	2	6.7	10	17.5
No response	10	----	--	----	11	----
TOTAL	251	100.0	30	100.0	57	100.0

NOTE: The "No Response" Category is excluded from all computations.

TABLE 17

E. QUALITY OF ALCOHOL ABUSE SERVICES BY SERVICE PROVIDERS

QUESTION: How would you rate the general quality of alcohol abuse services presently provided in the county where you work?

	Social Worker/ Coordinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
Good	46	18.7	6	20.7	8	13.3
Fair	108	43.9	12	41.4	24	40.0
Poor	75	30.5	8	27.6	18	30.0
Non-Existent	17	6.9	3	10.3	10	16.7
No Response	22	----	1	----	8	----
TOTAL	246	100.0	29	100.0	60	100.0

F. QUALITY OF DRUG ABUSE SERVICES BY SERVICE PROVIDERS

QUESTION: How would you rate the general quality of drug abuse services presently provided in the county where you work?

Good	18	7.4	5	17.2	3	5.1
Fair	83	34.3	6	20.7	18	30.5
Poor	95	39.3	13	44.8	25	42.4
Non-Existent	46	19.0	5	17.2	13	22.0
No Response	26	----	1	----	9	----
TOTAL	242	100.0	29	100.0	59	100.0

NOTE: The "No Response" Category is excluded from all computations.

TABLE 17

G. QUALITY OF MENTAL HEALTH SERVICES BY SERVICE PROVIDERS

QUESTION: How would you rate the general quality of mental health services presently provided in the county where you work?

	Social Worker/ Coordinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
Good	78	31.3	6	20.0	12	20.3
Fair	127	51.0	12	40.0	27	45.8
Poor	40	16.1	9	30.0	12	20.3
Non-Existent	4	1.6	3	10.0	8	13.6
No Response	19	----	--	----	9	----
TOTAL	249	100.0	30	100.0	59	100.0

NOTE: The "No Response" Category is excluded from all computations.

Regularity of Service Provision

Respondents in all three groups were asked to indicate the level at which services were provided regularly. This was accomplished by rank ordering the services on a scale from most regularly provided to least regularly provided. The results of this are shown on Table 17 - which presents the means of exact rankings. Table 18 develops the rankings into a scheme of high, medium, and low categories.

Social workers rank youth services as most regularly provided. Over seventy percent of social workers give this service a high ranking for regular service. This service was followed by aging services which place second in regularness, 58.5% of the social workers indicating this service was high on regular provision. Following these two services, the other services were rated for regular provision, respectively: developmental disability services, mental health service, family planning services, alcohol abuse services, and lastly drug abuse services.

Youth workers rank youth and aging services equally high for regular provision: Approximately 50% of the youth workers indicate a high degree of regular provision for each of these two services. Youth workers indicate mental health services as falling next in line regarding regular provision, followed by family planning, developmental disability services, alcohol abuse services, and lastly drug abuse services.

Aging representatives see the provision of aging services as the most regularly provided; some 86% rank aging services as high for regular service provision. There appears to be no significant difference among the other services concerning regular service provision. However, they are rated in the following order: D.D. services, youth services, mental

health services, alcohol abuse, family planning, alcohol abuse services, and lastly drug abuse services.

In conclusion, although each of these groups of providers perceives the regular provision for each service category somewhat differently, there is concensus that aging services and child and youth services rank highest regarding regular provision. The other services are perceived as being less regularly provided and drug abuse services is consistently indicated by all three groups as provided least regularly.

TABLE 18

REGULAR SERVICE PROVISION

	Mean Scores*
Social Workers	
Child & Youth Services	2.1641
Aging Services	2.5402
Developmental Disability Services	3.0539
Mental Health Services	3.9484
Family Planning Services	4.2033
Alcohol Abuse Services	4.8305
Drug Abuse Services	6.0061
Youth Workers	
Aging Services	2.5000
Child & Youth Services	3.0400
Mental Health Services	3.5000
Developmental Disability Services	3.9048
Family Planning Services	3.9500
Alcohol Abuse Services	4.1000
Drug Abuse Services	5.8823
Aging Representatives	
Aging Services	1.4909
Developmental Disability Services	3.1154
Alcohol Abuse Services	3.1176
Child and Youth Services	3.3878
Mental Health Services	3.5278
Family Planning Services	3.7407
Drug Abuse Services	3.5278

TABLE 19

RANKING ON REGULAR SERVICE PROVISION BY PROVIDER

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Aging Services						
High	124	58.49	10	50	50	86.21
Medium	59	27.83	7	35	3	5.17
Low	29	13.68	3	15	5	8.62
No Response	49	-----	10	--	10	-----
TOTAL	212	100.00	20	100.00	58	100.00
Youth Services						
High	144	70.94	11	50	14	41.18
Medium	36	17.73	5	22.73	8	23.53
Low	23	11.33	6	27.27	12	35.29
No Response	58	-----	8	-----	27	-----
TOTAL	203	100.00	22	100.00	34	100.00
DD Services						
High	93	45.37	5	26.32	16	55.17
Medium	72	35.12	5	26.32	5	17.24
Low	40	19.51	9	47.37	8	27.59
No Response	56	-----	11	-----	39	-----
TOTAL	205	100.00	19	100.01	29	100.00

TABLE 19

RANKING ON REGULAR SERVICE PROVISION BY PROVIDER (CONT.)

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Family Planning Services						
High	27	14.84	6	33.33	8	27.59
Medium	81	44.51	4	22.22	11	37.93
Low	74	40.66	8	44.44	10	34.48
No Response	79	-----	12	-----	39	-----
TOTAL	182	100.01	18	99.99	29	100.00
Alcohol Abuse Services						
High	21	11.80	3	16.67	11	30.56
Medium	40	22.47	9	50.00	20	55.56
Low	117	65.73	6	33.33	5	13.89
No Response	83	-----	12	-----	32	-----
TOTAL	178	100.00	18	100.00	36	100.00
Drug Abuse Services						
High	3	1.84	0	00.00	3	11.54
Medium	19	11.66	2	13.33	10	38.46
Low	141	86.50	13	86.66	13	50.00
No Response	98	-----	15	-----	42	-----
TOTAL	163	100.00	15	99.99	26	100.00
Mental Health Services						
High	38	19.39	7	41.18	13	34.21
Medium	92	46.94	4	23.53	15	39.47
Low	66	33.67	6	35.29	10	26.32
No Response	65	-----	13	-----	30	-----
TOTAL	196	100.00	17	100.00	38	100.00

Reasons for Unmet Needs in Counties

Social service providers were asked if there were unmet needs in their county to indicate the reasons. The reasons given were: not enough outreach, not enough social workers, improper program design, inadequate management, and financial inadequacy. For each of these reasons, they were asked if it were a problem in most services, a problem in some services or not applicable (meaning it is not a problem).

For almost all providers there was an overwhelming agreement that each of these reasons permeated their agencies. The following gives a more in-depth discussion of these reasons.

The reason for unmet needs most frequently given by social workers is 'not enough social workers'; 47.9% say there are not enough social workers in 'most services and 42.3% say there are not enough social workers in 'some' services. Secondly, 'financial inadequacy' is stated as a reason needs are not met. This, of course, is related to the number of social workers, but can be interpreted in a more general sense to apply to contracted services as well as the number of social workers. Financial inadequacy is stated by 34.1% to exist in 'most services' while 59.6% cite it as a problem in 'some' services. Thirdly, 'not enough outreach' is a problem in 'most' services according to 30.6%, and a problem in some services according to 59.3%. Next, improper program design is listed as a problem in 'most' services by 20.8% and in 'some' services by 69%. 'Not enough programs' is mentioned next most fequently. Over 19% say it is a reason in 'most' services and 64.2% list it as a problem in 'some' services. And finally, inadequate management is listed as a problem in 'most' services by 15.9%, while 62.1% feel it is a problem in 'some' services.

Youth workers, see the reasons for unmet needs somewhat differently. They see financial inadequacy as the biggest reason for unmet needs, 43.5% see this as a problem for 'most' services, and another 47.8% see this as a difficulty in 'some' services. However, improper program design emerges as the second greatest problem, and inadequate management is mentioned as the third greatest problem.

Similar to the other two groups, aging representatives feel the biggest problem is financial inadequacy; 43% say it is a problem in most services and 49% say it is a problem in 'some' services. Not enough outreach is cited second most frequently; 35% say it is a reason for unmet needs in 'most'services, and 59.9% say it is a problem in some services. Not enough social workers is cited as the third reason for unmet needs. Some 34% of the aging representatives see this as a problem in 'most' services and another 46% see it as a problem in some services. The other reasons are mentioned more often as problems in 'some' services than in 'most' services. Inadequate management is mentioned least often among aging representatives as a problem.

Conclusions

Financial inadequacy as a reason for unmet needs is mentioned most frequently by all three groups as a reason for unmet needs. More social workers is a related problem, since additional staff would require additional funds. Aside from these problems which maybe fixed by budgetary guidelines, there are some other considerations. 'Not enough outreach' is mentioned frequently by both social workers and aging representatives. This could be addressed by relocating current employees rather than hiring new ones. In addition, youth workers and social workers have voiced substantial concern about improper program design which is suggestive that current programs may be in need of modification.

TABLE 20

A. "IMPROPER PROGRAM DESIGN" AS A REASON FOR UNMET NEEDS BY SERVICE PROVIDERS

QUESTION: If you feel that social services do not meet local county needs, please indicate your reasons.

	Social Worker/ Coordinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
In most services	41	20.8	9	42.9	9	26.5
In some services	136	69.0	6	28.6	18	52.9
Not applicable	20	10.2	6	28.6	7	20.6
No response	64	----	9	----	34	----
TOTAL	197	100.0	21	100.0	34	100.0

B. "INADEQUATE MANAGEMENT" AS A REASON FOR UNMET NEEDS BY SERVICE PROVIDERS

QUESTION: If you feel that social services do not meet local county needs, please indicate your reasons.

In most services	31	15.9	7	33.3	5	15.6
In some services	121	62.1	9	42.9	15	46.9
Not applicable	43	22.1	5	23.8	12	37.5
No response	66	---	9	----	36	----
TOTAL	195	100.0	21	100.0	32	100.0

NOTE: The "No Response" Category is excluded from all computations.

TABLE 20

C. "NOT ENOUGH OUTREACH" AS A REASON FOR UNMET NEEDS BY SERVICE PROVIDERS

QUESTION: If you feel that social services do not meet local county needs, please indicate your reasons.

	Social Worker/ Coorinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
In most services	64	30.6	5	25.0	15	35.7
In some services	124	59.3	14	70.0	25	59.5
Not applicable	21	10.0	1	5.0	2	4.8
No response	52	----	10	----	26	----
TOTAL	209	100.0	20	100.0	42	100.0

D. "NOT ENOUGH SOCIAL WORKERS" AS A REASON FOR UNMET NEEDS BY SERVICE PROVIDERS

QUESTION: If you feel that social services do not meet local county needs, please indicate your reasons.

In most services	103	47.9	7	31.8	14	34.1
In some services	91	42.3	14	63.6	19	46.3
Not applicable	21	9.8	1	4.5	8	19.5
No response	46	----	8	----	27	----
TOTAL	215	100.0	22	100.0	41	100.0

NOTE: The "No Response" Category is excluded from all computations.

TABLE 20

E. "FINANCIAL INADEQUACY" AS A REASON FOR UNMET NEEDS BY SERVICE PROVIDERS

QUESTION: If you feel that social services do not meet local county needs, please indicate your reasons.

	Social Worker/ Coordinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
In most services	75	34.1	10	43.5	22	43.1
In some services	124	56.4	11	47.8	25	49.0
Not applicable	21	9.5	2	8.7	4	7.8
No response	41	----	7	----	17	----
TOTAL	220	100.0	23	100.0	51	100.0

F. "NOT ENOUGH PROGRAMS" AS A REASON FOR UNMET NEEDS BY SERVICE PROVIDERS

QUESTION: If you feel that social services do not meet local county needs, please indicate your reasons.

In most services	39	19.1	7	31.8	9	22.0
In some services	131	64.2	12	54.5	26	63.4
Not applicable	34	16.7	3	13.6	6	14.6
No response	57	----	8	----	27	----
TOTAL	204	100.0	22	100.0	41	100.0

NOTE: The "No Response" Category is excluded from all computations.

TABLE 20

G. "NOT ENOUGH SOCIAL WORKERS" AS A REASON FOR UNMET NEEDS BY SERVICE PROVIDERS

QUESTION: If you feel that social services do not meet local county needs, please indicate your reasons.

	Social Workers/ Coordinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
In most services	103	47.9	7	31.8	14	34.1
In some services	91	42.3	14	63.6	19	46.3
Not applicable	21	9.8	1	4.5	8	19.5
No response	46	----	8	----	27	----
TOTAL	215	100.0	22	100.0	41	100.0

NOTE: The "No Response" Category is excluded from all computations.

Accessibility of Social Services

Social workers, youth service providers, and aging representatives were asked how accessible social services are in their county. They were asked to indicate if social services are: (1) readily accessible (2) moderately accessible (3) accessible only upon request.

Social workers most often answered that services in their county were moderately accessible; 49.6% replied that they were moderately accessible, and 28.7% replied that they were readily accessible. Probation officers perceived the services as more accessible than did social workers; 43.3% said services were moderately accessible, but 33.3% thought services to be readily accessible. Aging representatives see services as less accessible than either of the other two groups of providers. Only 16.7% see social services as readily available, and a substantial portion say services are only available upon request.

TABLE 21

ACCESSIBILITY OF SOCIAL SERVICES

QUESTION: How accessible are social services in your county?

	Social Worker/ Coordinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
Readily accessible	74	28.7	10	33.3	11	16.7
Moderately accessible	128	49.6	13	43.3	35	53.0
Accessible only upon request	56	21.7	6	20.0	19	28.8
Other (please specify)	0	0.0	1	3.3	1	1.5
No response	3	----	--	----	2	----
TOTAL	258	100.0	30	100.0	66	100.0

NOTE: The "No response" Category is excluded from all computations.

Service Delivery Problems

Social workers, youth workers, and aging representatives were asked to indicate for each of the following service delivery problems, whether or not it was a problem in the community(ies) where they work. The service delivery problems presented were: transportation, eligibility process, lack of awareness of services, clients unresponsive, communication barriers, lack of inter-agency coordination, lack of community coordination, and geographical area too large.

It is obvious from Table 22 that all of these service delivery problems plague social workers to some extent. A majority, 68.6% felt transportation is a problem. Also, over half, 57.1%, say 'lack of awareness of service' is a problem. In addition, a sizeable proportion, 43.1%, say 'lack of inter-agency coordination' is a problem, with a similar percent indicating 'lack of community coordination' as a problem.

Youth workers experience somewhat different service delivery problems. 'Lack of inter-agency coordination' is described by 60% as a service delivery problem; another problem, cited by 56.6% of the youth workers is 'lack of awareness' of services. And almost half remark that the eligiblity process is a service delivery problem in their county of employment.

For aging representatives - transportation is mentioned most often as a problem, 66.2% say it is a problem in their county. Almost half of these providers say that 'lack of awareness' is a service delivery problem. Likewise, when providers named one of the above problems as most important, similar profiles were obtained. On Table 23, one can see that transportation was most often named by social workers as the

most important service delivery problem. 'Lack of inter-agency coordination' is second most often mentioned; and thirdly, 'lack of awareness of services' is mentioned.

Youth workers, however, see 'lack of inter-agency coordination' as the most important service delivery problem, followed by '"lack of community coordination'.

Aging representatives, like social workers, see transportation as the single largest service delivery problem. 'Lack of awareness' of services is mentioned next most frequently as a most important problem.

In conclusion, transportation is the most overwhelming problem; approximately, two-thirds of the social workers and aging representatives see this as a problem in their communities. Secondly, nearly half of all providers feel 'lack of awareness' of services is a problem, plus more than half the youth workers see lack of inter-agency coordination as a problem in their counties. All of these service delivery problems are present, to some degree, and should all be addressed. However, 'transportation' and 'lack of awareness', are seen as problems by the most social workers and youth workers, and therefore should be given first consideration.

TABLE 22

SERVICE DELIVERY PROBLEMS

QUESTION: Which of the following service delivery problems are applicable to the county where you work?

	SOCIAL WORKER		YOUTH WORKER		AGING REPRESENTATIVE	
	N	%	N	%	N	%
Transportation	179	68.6	96	23.3	45	66.2
Eligibility Process	96	36.8	14	46.7	20	29.4
Lack of Awareness of Services	149	57.1	17	56.6	33	48.5
Clients Unresponsive	70	26.8	8	26.6	16	23.5
Communication Barriers	89	34.1	9	30.0	12	17.7
Lack of Inter-Agency	114	43.7	18	60.0	17	25.0
Community Coordination	105	40.3	13	43.3	17	25.0
Geography	86	32.9	7	23.3	26	38.2

* These percentages are not expected to total in any direction - each representing the percentage indicating whether a service delivery problem really exists. The difference between that percentage and 100% is the percent who felt it was not a problem.

TABLE 23

THE MOST IMPORTANT SERVICE DELIVERY PROBLEM BY SERVICE PROVIDERS

QUESTION: Which of the service delivery problems (mentioned in question #8) do you think is most important?

	Social Worker/ Coordinator		Youth Worker		Aging Representative	
	N	%	N	%	N	%
Transportation	53	21.9	1	4.0	19	32.2
Eligibility Process	18	7.4	3	12.0	2	3.4
Lack of Awareness of Services	30	12.4	3	12.0	8	13.6
Clients Unresponsive & Uncooperative	10	4.1	1	4.0	1	1.7
Communication Barriers	16	6.6	2	8.0	0	0.0
Lack of Inter-Agency Coordination	39	16.1	7	28.0	3	5.1
Lack of Community Coordination	22	9.1	4	16.0	5	8.5
Geographical Area Too Large	17	7.0	2	8.0	6	10.2
Other, and/or Combinations of Above	37	15.3	2	8.0	15	15.4
No Response/No Ascertained	19	----	5	----	2	----
TOTAL	242	100.0	25	100.0	59	100.0

Conclusions

Although each group of providers has particular interests related to their work and their clients, nevertheless there exists some concensus regarding service priorities.

Each group of providers lists child and youth services as either a first or second high service priority. Specifically, youth development and primary intervention, as well as protective services, particularly foster care, are the top youth service priorities for these providers.

Secondly, aging services ranks as a high priority among two of these groups. And, specifically, transportation emerges as the overall priority, followed by meals on wheels, and homemaker chores.

In an overall sense, alcohol abuse services can be thought of as the third service priority. The only other service rated as a high priority is drug abuse services, as ranked by youth service providers.

In addition, there is a general concensus among these providers that aging services followed by developmental disability services are the highest quality services. However, providers see aging services and child and youth services as being most regularly provided.

'Financial inadequacy' is most often mentioned as a reason for unmet needs; 'not enough outreach' and 'improper program design' are likewise mentioned as substantial problems.

SECTION THREE

GENERAL PUBLIC SURVEY

Priorities of Social Services

The general public was asked to state an overall priority (high, medium, low, not needed) for each of the following overall categories of services: aging services, child and youth services, developmental disability services, family planning services, alcohol abuse services, drug abuse services, and mental health services.

Table 25, gives the public's rating with mean scores for each of these services. It is evident from the means on this table that aging services - services to senior citizens - received the highest rating as a priority. Similarly, by viewing Table 26, aging services has the largest percent of respondents checking it as a high priority. More than 38% of the general public say it is a high priority, and nearly 41% say it is medium priority. Therefore, over three fourths of the public see this service as either a high or medium priority, with only a fourth viewing aging services as a low priority or as not needed.

Five other services: child and youth services, drug abuse services, alcohol abuse service, developmental disability services and mental health services are viewed by the public as having somewhat similar priorities. However, their ranked priorities follow the order listed above. For each of these services, almost half view it as a high or medium need, with another half of the public indicating the services as a low priority or not needed.

Family planning services received the lowest priority by the general public, with only 38% ranking this as either a high or medium priority - and of this, only 11.9% rank this service as a high priority.

On the basis of these priorities, it would appear that the order

of priorities within the Department of Social and Rehabilitation Services should be: aging services, child and youth services, followed closely by the developmental disability services. However, one must not simply equate these priorities with the fundings of bureaus, since the social services bureau, provides services for all three categories: the aged, the young and the developmentally disabled, within income guidelines.

TABLE 25

PRIORITIES OF SOCIAL SERVICES

	Mean Scores*
Aging Services	1.889
Youth Priorities	2.249
Drug Abuse Services	2.294
Alcohol Abuse Services	2.317
Developmental Disability	2.321
Mental Health Services	2.364
Family Planning	2.824

*Score can range from 1 to 4. The smaller the score - the higher the priority, since: High = 1, medium = 2, low =3, and not needed =4.

TABLE 26

OVERALL NEED FOR SOCIAL SERVICES

QUESTION: In the county where you live, which of the following categories of social services are needed?

		NO.	%
Aging Services			
	High	222	38.3
	Medium	233	40.2
	Low	90	15.5
	Not Needed	34	5.9
	No Response	80	----
	TOTAL	659	100.0
Child and Youth Services			
	High	124	23.6
	Medium	214	40.7
	Low	121	23.0
	Not Needed	67	12.7
	No Response	133	----
	TOTAL	659	100.0
Developmental Disabilities Services			
	High	83	15.5
	Medium	249	46.5
	Low	153	28.5
	Not Needed	51	9.5
	No Response	123	----
	TOTAL	659	100.0
Family Planning Services			
	High	61	12.1
	Medium	129	25.5
	Low	155	30.3
	Not Needed	162	32.1
	No Response	154	----
	TOTAL	659	100.0

TABLE 26

OVERALL NEED FOR SOCIAL SERVICES (CONT.)

		NO.	%
Alcohol Abuse Services			
	High	139	25.9
	Medium	181	33.8
	Low	123	22.9
	Not Needed	93	17.4
	No Response	123	----
	TOTAL	659	100.0
Drug Abuse Services			
	High	143	26.6
	Medium	183	34.1
	Low	121	22.5
	Not Needed	90	16.8
	No Response	122	----
	TOTAL	659	100.0
Mental Health Services			
	High	93	17.6
	Medium	217	41.1
	Low	151	28.6
	Not Needed	67	12.7
	No Response	131	----
	TOTAL	659	100.0
Other Services			
	High	19	15.0
	Medium	16	12.6
	Low	12	9.4
	Not Needed	80	63.0
	No Response	532	----
	TOTAL	659	100.0

Priorities of Aging Services

The general public was asked to rate high, medium, low, or not needed the following types of aging services: health screening services, transportation, home maintenance, information and referral, meals on wheels, homemaker services, and adjustment services.

As shown on Table 27, health screening services ranks higher as a priority than do the other services, as gauged by the mean score. As a second priority, transportation is listed, followed by home maintenance, information and referral, and meals on wheels.

According to the general public there is a medium need for these services as measured by the mean score. Homemaker services is listed next as a lower priority, followed lastly by adjustment services. These latter two services are seen as low needs.

One special consideration is the elderly's perspective regarding these services, since they are the recipients or potential recipients of aging services. Table A found in Appendix D contains this information. This table shows that for the most part, the priorities are similar to what the general public reports, that is health screening and transporation are the top two priorities. These priorities however, are followed by meals on wheels, home maintenance and housekeeping. Lowest priorities are information and referral and adjustment services, respectively.

It is recommended that these priorities be given more weight, than those reported by the general public, since the aged are in a position to better realize services most needed by their age group.

TABLE 27

PRIORITIES OF AGING SERVICES

	Mean Scores*
Health Screening Services	2.065
Transportation	2.122
Home Maintenance	2.353
Information	2.468
Meals on Wheels	2.495
Homemaker	2.634
Adjustment	2.795

*Scores can range from 1 to 4. The smaller the score - the higher the priority, since: High =1, medium = 2, low = 3, not needed = 4.

TABLE 28

NEED FOR AGING SERVICES

QUESTION: In the county where you live, which of the following specific programs do you think are needed?

		NO.	%
Home Delivered Meals	High	121	21.4
	Medium	167	29.5
	Low	155	27.4
	Not Needed	123	21.7
	No Response	93	----
	TOTAL	659	100.0
Assistance with Housekeeping			
	High	69	12.4
	Medium	182	32.8
	Low	187	33.7
	Not Needed	117	21.1
	No Response	104	----
	TOTAL	659	100.0
Temporary Counseling for Adjustment Purposes			
	High	44	8.4
	Medium	148	28.4
	Low	201	38.5
	Not Needed	129	24.7
	No Response	137	----
	TOTAL	659	100.0
Assistance with Home Maintenance and Repairs			
	High	126	22.7
	Medium	191	34.4
	Low	154	27.7
	Not Needed	84	15.1
	No Response	104	----
	TOTAL	659	100.0

TABLE 28

NEED FOR AGING SERVICES (CONT.)

QUESTION: In the county where you live, which of the following specific programs do you think are needed?

		NO.	%
Transportation			
	High	179	31.6
	Medium	202	35.6
	Low	124	21.9
	Not Needed	62	10.9
	No Response	92	----
	TOTAL	659	100.0
Health Screening Services (For Example, Blood Pressure, Testing, ETc.)			
	High	164	28.9
	Medium	252	44.4
	Low	103	18.1
	Not Needed	49	8.6
	No Response	91	----
	TOTAL	659	100.0
Information and Referral			
	High	98	19.4
	Medium	160	31.6
	Low	161	31.8
	Not Needed	87	17.2
	No Response	153	----
	TOTAL	659	100.0
Other Services			
	High	19	15.6
	Medium	11	9.0
	Low	7	5.7
	Not Needed	85	69.7
	No Response	537	----
	TOTAL	659	100.0

Elderly Care

Respondents were requested to state a preferred mode of care for those elderly, unable to care for themselves. Suggested alternatives were: nursing homes, senior citizen housing, home-based care, or other services. The greatest percentage, 44.9% of the general public thought that senior housing was the best alternative, while 35.6% preferred home-based care, and only 16.2% thought nursing homes the best solution.

However, consideration of those over 60 years of age, reveals a somewhat different order of preferences. The greatest percentage of the elderly, 47.6%, say home-based care is the most desirable, and 35.2% would prefer senior housing as an alternative - and again, as with the general public approximately 16% indicate nursing homes as a mode of caring for the elderly. This information is contained in Table D, Appendix D.

TABLE 29

CARE FOR THE ELDERLY

QUESTION: In general, how do you feel the elderly who are not able to run their own homes can best be served?

	NO.	%
Nursing Homes	97	16.6
Senior Citizen Housing	263	44.9
Home-Based Care (having someone care for them or do chores in their homes)	209	35.7
Other Services	17	2.9
No Response	73	----
TOTAL	659	100.0

Child & Youth Services

The general public was asked to rank as high, medium, low, or not needed the following types of youth services: Protective services, correctional services, day care services, foster care services, health related services, youth development and primary intervention services, youth counseling services, and family counseling services.

It is apparent when comparing these priorities that protective services was rated highest, when measured by the mean score (see Table 30). This is followed, respectively, by youth counseling, correctional services, youth development and primary intervention. Next in priority are family counseling and foster care services which are given a medium priority by the general public. Day care services and health related services scored low as priorities.

The service which received the highest rating is protective services and functions primarily to assist neglected or abused children. As the data on Table 31 shows, almost a third of the general public thought of this service as a high priority, another third thought of it as a medium priority, while the remainder said it was either a low priority or not needed. This can be contrasted to the ratings given day care services on the same table. For this service, only 13% rate it as a high need, 31% as a medium need - with approximately 57% feeling it is a low priority or not needed. The sentiment underlying this pattern may be that mothers should be caring for their children themselves, rather than taking them out. As one respondent remarked,

> The 'day care' centers take the children away from the parents too much. Mother's care is best.

However, apart from those opposing day care services, a significant portion accept the fact that for many people there is no choice, and day care is a necessity of their existence.

These distributions are shown on Table 32. About 40% believe day care should be subsidized for those with incomes below $3,400; another 35% believe day care services should be provided at least to families with incomes below $8,000. A sliding fee scale in accordance with income is mentioned frequently as a possibility, so that low-income working mothers would not be spending so much for child care, that they would be financially ahead on welfare.

Nevertheless, 20% of the general public feel day care should be provided to no one at state expense.

The general public expressed considerable concern regarding youth in trouble and often linked youth troubles with a lack of meaningful activities. Many suggested youth work programs as a solution.

TABLE 30

PRIORITIES OF YOUTH SERVICES

	Mean Scores*
Protective Services	2.105
Correctional Services	2.119
Youth Counseling	2.140
Youth Development/Primary Intervention	2.142
Family Counseling	2.281
Foster Care	2.436
Day Care	2.680
Health Related	2.684

*Scores can range from 1 to 4. The smaller the score - the higher the priority, since: High = 1, medium = 2, low = 3, and not needed = 4.

TABLE 31

NEED FOR YOUTH SERVICES

		NO.	%
QUESTION: In the county where you live, which of the following specific programs do you think are needed?			
		NO.	%
Services for Neglected/Abused Children			
	High	181	32.3
	Medium	192	34.2
	Low	136	24.2
	Not Needed	52	9.3
	No Response	98	----
	TOTAL	659	100.0
Correctional Services (Services for Delinquent Youth)			
	High	158	29.0
	Medium	219	40.2
	Low	113	20.7
	Not Needed	55	10.1
	No Response	114	----
	TOTAL	659	100.0
Day Care for Children			
	High	70	12.8
	Medium	170	31.0
	Low	173	31.6
	Not Needed	135	24.6
	No Response	111	----
	TOTAL	659	100.0
Foster Care for Children			
	High	78	14.5
	Medium	209	38.9
	Low	188	35.0
	Not Needed	62	11.5
	No Response	122	----
	TOTAL	659	100.0

TABLE 31

NEED FOR YOUTH SERVICES (CONT.)

		NO.	%
Health Related Services (e.g. Transportation to Doctor)			
	High	63	11.5
	Medium	158	28.8
	Low	216	39.4
	Not Needed	111	20.3
	No Response	111	----
	TOTAL	659	100.0
Youth Development and Delinquency Prevention Activities			
	High	172	32.0
	Medium	181	33.7
	Low	120	22.3
	Not Needed	64	11.9
	No Response	122	----
	TOTAL	659	100.0
Youth Counseling			
	High	158	29.5
	Medium	200	37.3
	Low	123	22.9
	Not Needed	55	10.3
	No Response	123	----
	TOTAL	659	100.0
Family Counseling			
	High	140	25.9
	Medium	191	35.4
	Low	126	23.3
	Not Needed	83	15.4
	No Response	119	----
	TOTAL	659	100.0

TABLE 31

NEED FOR YOUTH SERVICES (CONT.)

		NO.	%
Other Services			
	High	21	17.1
	Medium	22	17.9
	Low	14	11.4
	Not Needed	66	53.7
	No Response	536	----
	TOTAL	659	100.0

TABLE 32

DAY CARE ASSISTANCE

QUESTION: Which families do you think should receive assistance for day care services?

	NO.	%
Those Families with Incomes Under $3400	233	40.4
Those Families with Incomes Under $8000	118	20.5
Those Families with Incomes Under $11,000	30	5.2
All Families Regardless of Income	55	9.5
No Families Should Receive Assistance for Day Care	117	20.3
Other	24	4.2
No Response	82	----
TOTAL	659	100.0

Developmental Disability Services

The general public was asked to rate particular kinds of developmental disability services as high, medium, low or not needed. The services given for ranking were: daily living training, temporary care of the handicapped, transportation services, vocational training services, assistance in housekeeping/home chores for the developmentally disabled, preschool and day training for the handicapped.

By observing the mean scores on Table 33, it is noted that vocational training receives the highest priority. As demonstrated on Table 34, a third of the respondents say the need is high for vocational training, 36% say the need is medium, 21% say the need is low, while only 9% say vocational services are not needed. However, daily living training, which received the lowest priority, has a different distribution; only 11% mark this service as a high priority, 28% as a medium priority, and about 60% indicate this service as either a low priority or as not needed.

These results reflect the sentiment among the general public that the major emphasis of developmental disability services should lie among those with less impairment. This is demonstrated on Table 35, which reports the preferred focus of treatment. The largest percent, 40.9% felt that the major emphasis should lie with borderline cases; secondly, 38.3% felt that the emphasis should be with the moderately retarded - and only 20.7% preferred that the severely retarded be the major focal group.

Conclusively, it is not surprising that the highest priority for DD services is vocational training, since this service would seem most directed at those with a lesser degree of impairment, in comparison to

daily living training which is most likely delivered to those with a more substantial handicap.

TABLE 33

PRIORITIES OF DEVELOPMENTAL DISABILITY SERVICE

	Mean Scores*
Vocational Training	2.067
Transportation for Handicapped	2.311
Preschool/Day Training for Handicapped	2.333
Temporary Care	2.369
Homemaker	2.604
Daily Living Training	2.773

*Scores can range from 1 to 4. The smaller the score - the higher the priority, since: High = 1, medium = 2, low = 3, and not needed = 4.

TABLE 34

NEED FOR DEVELOPMENTAL DISABILITY SERVICES

QUESTION: In the county where you live, which of the following specific programs do you think are needed?

		NO.	%
Daily Living Training (e.g. Brushing Teeth and Dressing)			
	High	57	11.0
	Medium	146	28.1
	Low	175	33.7
	Not Needed	142	27.3
	No Response	139	----
	TOTAL	659	100.0
The Temporary Care of Handicapped Individuals			
	High	82	15.3
	Medium	233	43.4
	Low	164	30.5
	Not Needed	58	10.8
	No Response	122	----
	TOTAL	659	100.0
Transportation Services for the Handicapped			
	High	122	22.6
	Medium	189	35.0
	Low	168	31.1
	Not Needed	61	11.3
	No Response	119	----
	TOTAL	659	100.0
Vocational Training Service			
	High	177	33.1
	Medium	195	36.4
	Low	113	21.1
	Not Needed	50	9.3
	No Response	124	----
	TOTAL	659	100.0

TABLE 34

NEED FOR DEVELOPMENTAL DISABILITY SERVICES (CONT.)

		NO.	%
Assistance in Housekeeping and Home Chores			
	High	48	9.0
	Medium	203	38.1
	Low	194	36.4
	Not Needed	88	16.5
	No Response	126	----
	TOTAL	659	100.0
Preschool and Day Training for the Handicapped			
	High	119	22.0
	Medium	194	35.9
	Low	157	29.0
	Not Needed	71	13.1
	No Response	188	----
	TOTAL	659	100.0
Other Services	High	8	8.5
	Medium	8	8.5
	Low	11	11.7
	Not Needed	67	71.3
	No Response	565	----
	TOTAL	659	100.0

TABLE 35

'RETARDATION' SERVICES

QUESTION: In the area of Mental Retardation with which group do you think the major focus should lie?

	NO.	%
The Severly Retarded	112	20.7
The Moderately Retarded	207	38.3
The Mildly Retarded or Borderline Retarded	221	40.9
No Response	119	----
TOTAL	659	100.0

Priorities of Family Planning

The general public was asked to rate the need as high, medium, low, or not needed for each of the following family planning services: information and referral, outreach programs, instructional programs, family health programs, birth control, and public school programs.

According to the mean scores on Table 36, birth control is rated as the most important service. Public school programs is listed second as a priority. Both of these services are more or less classified by the general public as medium needs.

The other family planning services are rated as less important, and can be thought of as low need priorities. They are rated respectively: family health programs, information and referral, instructional programs, outreach programs.

Almost a third of the respondents as shown in Table 37, state a high need for birth control; over 25% state a medium need, 22% state a low need and 21% state no need for birth control services. In support of public school programs, similar percentages indicate needs as high, medium, low, or not needed.

These findings reflect the public's concern with birth control, especially among today's youth.

TABLE 36

PRIORITIES OF FAMILY PLANNING

	Mean Scores*
Birth Control	2.329
Public School Programs	2.396
Family Health Programs	2.632
Information and Referral	2.642
Instructional Programs	2.643
Outreach Programs	2.796

*Scores can range from 1 to 4. The smaller the score - the higher the priority, since: High = 1, medium = 2, low = 3, and not needed = 4.

TABLE 37

NEED FOR FAMILY PLANNING SERVICES

QUESTION: In the county where you live, which of the following categories of social services are needed?

		NO.	%
Information and Referral	High	73	14.3
	Medium	162	31.8
	Low	148	29.1
	Not Needed	126	24.8
	No Response	150	----
	TOTAL	659	100.0
Outreach Programs (Bring services to people in outlying areas)			
	High	71	13.5
	Medium	128	24.4
	Low	163	31.0
	Not Needed	163	31.0
	No Response	134	-----
	TOTAL	659	100.0
Instructional Programs			
	High	73	14.3
	Medium	160	31.4
	Low	153	30.0
	Not Needed	124	24.3
	No Response	149	----
	TOTAL	659	100.0
Family Health Programs			
	High	72	14.0
	Medium	168	32.6
	Low	154	29.8
	Not Needed	122	23.6
	No Response	143	----
	TOTAL	659	100.0

TABLE 37

NEED FOR FAMILY PLANNING SERVICES (CONT.)

		NO.	%
Birth Control			
	High	170	31.4
	Medium	138	25.5
	Low	118	21.8
	Not Needed	115	21.3
	No Response	118	----
	TOTAL	659	100.0
Public Schools Programs			
	High	121	22.9
	Medium	183	34.7
	Low	118	22.3
	Not Needed	106	20.1
	No Response	131	----
	TOTAL	659	100.0
Other Services			
	High	7	6.3
	Medium	10	9.0
	Low	10	9.0
	Not Needed	84	75.7
	No Response	548	----
	TOTAL	659	100.0

Alcohol Abuse Services

Several types of alcohol abuse services were rated as either high, medium, low or not needed by the general public. The services presented for this rating are: adult counseling for alcoholism, youth counseling for alcoholism, alcohol prevention type programs, detoxification or drying out services, half-way houses, and public school programs on alcoholism.

Most of these services are seen as medium priorities as demonstrated by the mean scores on Table 38. The alcohol services placing highest as priorities are those services involving youth. Youth counseling, and public school programs are equally rated as the top two priorities. As reported on Table 39, approximately 40% of the respondents thought there is a high need for these two programs, with about 30% indicating a medium need, and the remainder indicating either a low need or not needed.

Respectively, adult counseling and detoxification services were ranked next in importance. Both are seen as medium needs. Half-way houses are seen as the lowest service priority. As shown by the mean score, this service is classified most often as a low priority or not needed.

From the data it is evident that the general public considers that youth should be the target of alcohol abuse programs. A prevailing sentiment emerges from these rankings that prevention is better than treatment, since services directed at youth are most preferred - and actual treatment services such as detoxification and half-way houses are given the lowest priorities.

TABLE 38

PRIORITIES OF ALCOHOL ABUSE SERVICES

	Mean Score*
Youth Counseling	2.013
Public Schools	2.013
Adult Counseling	2.148
Prevention-Title Programs	2.161
Detoxification Services	2.345
Half-way houses	2.618

*Scores can range from 1 to 4. The smaller the score - the higher the priority, since: high = 1, medium = 2, low = 3, not needed = 4.

TABLE 39

NEED FOR ALCOHOL ABUSE SERVICES

QUESTION: In the county where you live which of the following specific programs do you think are needed:

		NO.	%
Adult Counseling for Alcoholism			
	High	182	33.3
	Medium	175	32.1
	Low	115	21.1
	Not Needed	74	13.6
	No Response	113	----
	TOTAL	659	100.0
Youth Counseling for Alcoholism			
	High	223	40.4
	Medium	161	29.2
	Low	106	19.2
	Not Needed	62	11.2
	No Response	107	----
	TOTAL	659	100.0
Alcohol Prevention-Type Programs			
	High	181	34.3
	Medium	161	30.5
	Low	106	20.1
	Not Needed	80	15.2
	No Response	131	----
	TOTAL	659	100.0
Detoxification/Drying out for Alcoholics			
	High	135	25.4
	Medium	173	32.6
	Low	128	24.1
	Not Needed	95	17.9
	No Response	128	----
	TOTAL	659	100.0

TABLE 39

NEED FOR ALCOHOL ABUSE SERVICES (CONT.)

		NO.	%
Half-way Houses/Temporary Group Homes			
	High	89	16.9
	Medium	159	30.2
	Low	142	27.0
	Not Needed	136	25.9
	No Response	133	----
	TOTAL	659	100.0
Public School Programs on Alcoholism			
	High	220	39.8
	Medium	175	31.6
	Low	89	16.1
	Not Needed	69	12.5
	No Response	106	----
	TOTAL	659	100.0
Other Services			
	High	8	8.3
	Medium	7	7.3
	Low	6	6.2
	Not Needed	75	78.1
	No Response	563	----
	TOTAL	659	100.0

Priorities of Drug Abuse Services

The public rated the need as high, medium, low, or not needed for the following types of drug abuse services: Counseling for drug abuse, drug abuse prevention programs, treatment services, public school programs, youth programs for abusers, information and referral, community awareness. The mean scores contained in Table 40, show that public school programs is the highest priority, followed closely by prevention-type programs. The other services were ranked in the following order of importance, respectively: community awareness, counseling for drug abuse, youth programs, information and referral, and lastly treatment.

The highest service priority is public school programs; nearly 48% thought it a high need, another 30% thought it a medium need, and 14% saw it as a low need, with only 8% saying the service was not needed.

The first two priorities, public school programs and drug abuse prevention programs can be conceptualized as high to medium need priorities, while the other services are best described as medium priorities.

In conclusion, the general public rates most drug abuse services as relatively important. However, there is a preference for prevention over treatment, and that prevention be directed at school age populations.

TABLE 40

PRIORITIES OF DRUG ABUSE SERVICES

	Mean Score*
Public School Programs	1.831
Drug Abuse Prevention Programs	1.913
Community Awareness	2.013
Counseling for Drug Abuses	2.068
Youth Programs	2.094
Information & Referral	2.103
Treatment	2.184

*Scores can range from 1 to 4. The smaller the score - the higher the priority, since: high = 1, medium = 2, low = 3, not needed = 4.

TABLE 41

NEED FOR DRUG ABUSE SERVICES

QUESTION: In the county where you live which of the following specific programs do you think are needed?

		NO.	%
Counseling for Drug Abusers			
	High	194	36.6
	Medium	169	31.9
	Low	104	19.6
	Not Needed	63	11.9
	No Response	129	----
	TOTAL	659	100.0
Drug-Abuse Prevention Programs			
	High	244	45.3
	Medium	151	28.0
	Low	91	16.9
	Not Needed	53	9.8
	No Response	120	-----
	TOTAL	659	100.0
Treatment Services for Drug Abusers			
	High	166	31.9
	Medium	161	31.0
	Low	125	24.0
	Not Needed	68	13.1
	No Response	139	----
	TOTAL	659	100.0
Public School Programs			
	High	251	47.6
	Medium	158	30.0
	Low	74	14.0
	Not Needed	44	8.3
	No Response	132	----
	TOTAL	659	100.0

TABLE 41

NEED FOR DRUG ABUSE SERVICES (CONT.)

		NO.	%
Community Awareness Programs			
	High	211	40.5
	Medium	153	29.4
	Low	101	19.4
	Not Needed	56	10.7
	No Response	138	----
	TOTAL	659	100.0
Youth Programs for Abusers			
	High	184	35.0
	Medium	165	31.5
	Low	117	22.3
	Not Needed	58	11.1
	No Response	135	----
	TOTAL	659	100.0
Information and Referral			
	High	176	35.0
	Medium	160	31.8
	Low	106	21.1
	Not Needed	61	12.1
	No Response	156	----
	TOTAL	659	100.0
Other Services			
	High	10	10.9
	Medium	5	5.4
	Low	10	10.9
	Not Needed	67	72.8
	No Response	567	----
	TOTAL	659	100.0

Priorities of Mental Health Services

The general public was asked to rate the priorities as high, medium, low or not needed for each of the following types of mental health services: counseling services, youth programs, crisis intervention services, information and referral services, mental health centers, and outreach programs. By viewing the mean scores on Table 42, it is apparent that counseling services are viewed most often as being highly needed. This is followed by youth mental health programs. Listed next in importance are: mental health centers, and lastly outreach programs.

The mean score for these services range from 2.231 to 2.494, indicative that the priorities are not substantially differentiated; they all reflect more or less medium need priorities. However, counseling is seen as most important, especially in conjunction with youth programs. Over a third of the respondents report counseling as a high priority; another third see it as a medium priority, while almost a third think it a low priority or not needed.

As shown on Table 43, the other mental health services have similar distributions, although the proportion indicating high need becomes progressively less, while the proportion indicating low need or no need becomes progressively greater.

TABLE 42

PRIORITIES OF MENTAL HEALTH SERVICES

	Mean Score*
Counseling Services	2.231
Youth Programs	2.239
Crisis Intervention Services	2.316
Information & Referral	2.329
Mental Health Centers	2.344
Outreach	2.494

*Scores can range from 1 to 4. The smaller the score - the higher the priority, since: high = 1, medium = 2, low = 3, not needed = 4.

TABLE 43

NEED FOR MENTAL HEALTH SERVICES

QUESTION: In the county where you live which of the following specific programs do you think are needed?

		NO.	%
Counseling Services			
	High	115	21.8
	Medium	234	44.3
	Low	121	22.9
	Not Needed	58	11.0
	No Response	131	----
	TOTAL	659	100.0
Outreach Programs (Bringing Services to People in Outlying Areas)			
	High	84	16.3
	Medium	191	37.0
	Low	143	27.7
	Not Needed	98	19.0
	No Response	143	----
	TOTAL	659	100.0
Mental Health Centers			
	High	113	21.4
	Medium	200	37.8
	Low	137	25.9
	Not Needed	79	14.9
	No Response	130	----
	TOTAL	659	100.0
Crisis Intervention Service			
	High	108	21.6
	Medium	197	39.4
	Low	124	24.8
	Not Needed	71	14.2
	No Response	159	----
	TOTAL	659	100.0

TABLE 43

NEED FOR MENTAL HEALTH SERVICES (CONT.)

		NO.	%
Mental Health for Youth			
	High	130	24.9
	Medium	201	38.5
	Low	127	24.3
	Not Needed	64	12.3
	No Response	137	----
	TOTAL	659	100.0
Information and Referral			
	High	107	21.4
	Medium	190	38.1
	Low	133	26.7
	Not Needed	69	13.8
	No Response	160	----
	TOTAL	659	100.0
Other Services			
	High	4	4.8
	Medium	5	6.0
	Low	12	14.3
	Not Needed	63	75.0
	No Response	575	----
	TOTAL	659	100.0

General Knowledge of Social Services

The general public was asked a set of questions to discover the level of knowledge or awareness of social services. The public was asked that if they could be assisted by state services: (1) would they know where to go (2) would they know what programs are available (3) would they feel right about getting services (4) would they think services can really help (5) do they think they would be eligible.

Table 44 shows the results of these questions. About half the population is oblivious as to where services are provided and also about half do not know what programs actually exist. Regarding the knowledge of where to go, there was not much difference in the responses among age groups; however, those over 60 years of age were least aware of where to go for social services. (See Table B, Appendix D.) When considering the population by income categories. Those most unaware of the location of social services were those with the lowest incomes. Over 69% of those with incomes less than $3000 did not know where to go, and only 50% of those with incomes between $3000-6000 know where to go. This information is contained on Table C, Appendix D. This finding is significant, considering these people are more likely than others to be eligible for state supported services.

Even more of the population, however, is unaware of what services are available. Some 52% say they do not know what services would be available, and those with the least income are least aware of programs, etc. Of those with incomes less than $3000; over 72% say they are not aware of what services are available, while 38.6% of those with incomes greater than $25,000 did not know what was available. There was no real

significant difference between age categories on awareness of programs. (See Tables B,C; Appendix D.)

The response to the question of whether one would feel right about receiving social services divided the population approximately in half. Almost 50% said they would feel right about getting state services, and an equal percentage said they would not feel right about receiving social services. As shown on Tables B,C (Appendix D) those below the age 30 and those over the age 60 attached somewhat less stigma to receiving state services than those between the ages of 30 and 50. About a quarter of those with incomes below $3000, said they would not feel right about social assistance, and 32.8% of those with incomes between $3000 and $6000 said they would not feel right. Ironically, however, about a third of those individuals claiming an income of over $25,000 said they would feel right about getting state supported services. Therefore, about a third of the population at either extreme of the income distribution hold values inconsistent with the system's eligibility criteria.

Most of the general public was quite optimistic about benefits accrueable from social services; 84.4% said they thought services would help, while 15.6% said they didn't think services would really help. Those under 30 years of age were most positive as to the potential benefit of services. Those with lower incomes had more positive opinions regarding the benefits of social services. Approximately 91% with incomes less than $3000 compared to 82.9% with incomes greater than $25,000, thought services actually would help. (Tables B,C; Appendix D)

Regarding eligibility, a third of the public thought they would be eligible, two-thirds think they would not be eligible for social services.

Even for those with incomes less than $3000, a third felt they would not be eligible. Tables B and C show that both the young and the elderly think they would be eligible, more often than did those in middle age brackets.

TABLE 44

GENERAL KNOWLEDGE OF SOCIAL SERVICES

QUESTION: If you had a problem which could be helped or served by a social service program:

		NO.	%
Would you know where to go?			
	YES	306	55.1
	NO	249	44.9
	NO RESPONSE	104	----
	TOTAL	659	100.0
Would you be aware of service programs?			
	YES	253	47.9
	NO	275	52.1
	NO RESPONSE	131	-----
	TOTAL	659	100.0
Would you feel right about getting state services:			
	YES	292	54.2
	NO	247	45.8
	NO RESPONSE	120	----
	TOTAL	659	100.0
Would you feel services can help?			
	YES	418	83.9
	NO	80	16.1
	NO RESPONSE	161	----
	TOTAL	659	100.0
Do you think you would be eligible?			
	YES	176	36.2
	NO	310	63.8
	NO RESPONSE	173	----
	TOTAL	659	100.0

Crisis Line and Hot-line for Social Services

When the public was asked if there was a crisis hot-line in their area, 43.8% said yes, 16.2% said no, and 40.0% were uncertain! See Table 45. Those most unaware were the elderly. Since an even greater proportion of those over 60 years compared to other age cohorts, were unaware of the existence of a crisis line. See Table E, Appendix D.

There was a substantial concensus among the general public that crisis lines are needed. A good majority, 71.9%, felt there was a need, while only 28.1% did not think there was such a need. These opinions on need, did not vary much with age groups.

When the question was asked, if there was a need for a state information line for social services, a majority was in favor of such a service. In fact, 60% said there was a need, while 40% were not in favor of it. The younger individuals felt there was more of a need for this, than did older individuals. 76.8% of those between the ages of 21-31 felt a need for an information line, while 51.8% of those over 60 felt a need for such a service. The same type of relationship appeared with income categories. Of those having incomes below $3000, 76.5% felt it a need, while 52.3% of those over $25,000 felt it a need. See Tables E, F; Appendix D.

The important point is that regardless of income or age, there is concensus indicating a need for hot-line services, both crisis lines and information lines.

TABLE 45

INFORMATION/CRISIS LINES

		NO.	%
Is there a hot line or crisis number in your area?			
	YES	264	43.9
	NO	97	16.1
	DON'T KNOW	241	40.0
	NO RESPONSE	57	----
	TOTAL	659	100.0
Do you think there is a need for one (crisis hot-line)?			
	YES	383	71.7
	NO	151	28.3
	NO RESPONSE	125	----
	TOTAL	659	100.0
Do you think there is a need for an information hot-line for Social Services in your area?			
	YES	342	59.6
	NO	232	40.4
	NO RESPONSE	85	----
	TOTAL	659	100.0

Prevalence of Social Service Needs and Experiences with Social Service Programs

In order to estimate the number of individuals in need of particular social services, respondents were asked if they or anyone in their household were in need of any of the following services: day care services, youth counseling/or related activities, aging services, family counseling, family planning, alcohol treatment/counseling, mental health services, developmental disability services (mental retardation/cerebral palsy, etc.).

It is recognized that the prevalence rates obtained via this method may be minimal estimates due to reluctance to admit some of the above problems through a mailed questionnaire. However, it is remarkable that these prevalence rates for Montana coincide very closely with national estimates. Table 46 contains prevalence rates projected from the public survey.

From these cases it is apparent that services having the greatest number of potential recipients are child and youth services and aging services. Approximately 12% of the general public indicates a need for aging services, while 14.7% indicates the need for child and youth services. Within child and youth Services, 7.8% are estimated to be in need of youth counseling, and an estimated 5.4% indicate a need for day care services. Sources other than the questionnaire (See Vol. II of this study) suggest that 1.7% are in need of child neglect and abuse services.

Alcohol abuse services are estimated to have the next greatest number of individuals in need of services. This corresponds closely to the national estimate of 8.15%. Mental health services appear to have

the next greatest number of potential recipients. Some 6.8% indicate a need for family counseling and 4.0% indicate a need for mental health. Since these two services are not viewed as exclusive of each other, the higher estimate is recorded. The estimated need for developmental disability services is 5.2%, slightly higher than the national estimate of 4.5%. It must be noted that developmental disabilities include the mildly afflicted or borderline cases--as well as those substantially afflicted.

As shown on Table 46, the need for both family planning services and drug abuse services are reported less often than the need for other services. Family planning services are reported as needed by 4.4% of the population, while 3.2% of the population reports a need for drug abuse services. The estimate for family planning is somewhat less than that projected in Volume II of this study. However, a likely explanation is that the latter contains adolescent individuals and the public survey does not, since it is limited strictly to adults.

When asked whether they or any members of their household have had personal experience or contact with a social service program, 30.7% replied yes, and the remaining 69.3% replied no. Of those who had contact with social service programs, 30.1% reported unfavorable experiences, and 69.9% report favorable experiences with the services. Such a large percent reporting unfavorable experiences should lead the department to investigate the data further for insights into source(s) of dissatisfaction.

TABLE 46

NEED FOR PARTICULAR SERVICES

QUESTION: In order for us to estimate the number of people in need of particular services, could you indicate if you or anyone in your household is in need or has been in need of any of the following services?

		NO.	%
Day Care Services			
	Yes	39	5.9
	No	491	74.5
	No Response	129	19.6
	TOTAL	659	100.0
Youth Counseling/or Related Activities			
	Yes	49	7.4
	No	478	72.5
	No Response	132	20.0
	TOTAL	659	100.0
Aging Services			
	Yes	85	12.9
	No	457	69.3
	No Response	117	17.8
	TOTAL	659	100.0
Family Counseling			
	Yes	45	6.8
	No	486	73.7
	No Response	128	19.4
	TOTAL	659	100.0

TABLE 46

NEED FOR PARTICULAR SERVICES (CONT.)

		NO.	&
Family Planning			
	Yes	29	4.4
	No	494	75.0
	No Response	136	20.6
	TOTAL	659	100.0
Alcohol Treatment/Counseling			
	Yes	52	7.9
	No	474	71.9
	No Response	133	20.2
	TOTAL	659	100.0
Drug Abuse Treatment/Counseling			
	Yes	21	3.2
	No	502	76.2
	No Response	136	20.6
	TOTAL	659	100.0
Mental Health			
	Yes	33	5.0
	No	494	75.0
	No Response	132	20.0
	TOTAL	659	100.0
Developmental Disabilities, Mental Retardation/Cerebreal Palsy, etc.			
	Yes	34	5.2
	No	485	73.6
	No Response	140	21.2
	TOTAL	659	100.0

TABLE 47

PERSONAL EXPERIENCE WITH SOCIAL SERVICE PROGRAMS

QUESTION: Have you or any member of your family had any personal experience or contact with a social service program? (for example: Welfare, Family Planning, Mental Health, Licensed Day Care, Youth Corrections, Drug/Alcohol programs, etc.)

	NO.	%
Yes	186	30.7
No	420	69.3
NO RESPONSE	53	---
TOTAL	659	100.0

If yes to above, was contact:

Favorable	121	69.9
Unfavorable	52	30.1
No response	486	----
TOTAL	659	100.0

Conclusions:

The general public was surveyed to discover the priorities given to various categories of social services. A random sample was employed, encompassing all counties, all adult age groups, and all income brackets. The results of that survey follow.

The public feels the aged deserve care by government services more so than do other groups; their need is more or less legitimized by economics, since the aged generally depend upon a fixed income and thus cannot keep up with increased costs. Furthermore, stigma attached to 'welfare' is not as relevant since most of the elderly have worked throughout their lives. Over three-fourths of the general public agree that there is either a high or medium need in their county for aging services. Those aging services perceived as most important to the elderly are: first, health screening services, and secondly, transporation. However, the other aging services; i.e., meals on wheels, home maintenance, homemaker services, are judged to be medium priorities by a majority of the public. Adjustment services was rated as the lowest priority by a majority of the public.

Child and youth services were generally seen as the second most important social service provided by the state. However, this service is not as clearly mandated as is aging services, primarily because there is considerable belief that child care and related activities should be provided by parents, rather than by government agencies. Secondly, some of the public harbors the attitude that delinquent youth are not deserving of social services due to their delinquency. Nevertheless, more than 60% of the public define the need for these services as either high or medium. The child and youth service perceived as most important to youth is protective services -- established for neglected or abused

children. However, this is followed closely by other child and youth services: correctional services, youth counseling, and youth development/ primary intervention, family counseling, and foster care. All of these services are seen more or less as medium priorities. Day care services and health related services for children are interpreted by the public, as the least relevant child and youth service, receiving low priorities.

After child and youth services, the general public's largest concern lies with drug abuse services and alcohol abuse services, respectively. Attitudes toward these areas of service dichotomizes the population into nearly equal sized groups. Somewhat over half the respondents were either moderately or highly concerned with drug and alcohol abuse. Many of these people expressed the need to make everyone aware of the dangers of alcohol and drug usage. While almost another half felt that there was little or no need for these services, since abusers deserve condemnation and should be punished or penalized. Although most of the programs within alcohol and drug services are rated medium in importance, the public's biggest concern is drug and alcohol abuse among youth. The highest priorities are given to public school programs, youth counseling, and prevention programs, etc. Therefore, it is apparent that the general public prefers prevention to treatment and attention to youth problems is a dimension of that prevention.

The public sees developmental disability services as less important than other general categories of service: aging, child and youth, drug abuse, alcohol abuse. There is a sizeable portion of the population that does not actually oppose these services, but feels that the disabled are receiving enough services. Some comment that the receipt of these services is at the expense of services to others, and the focus should

lie primarily with those individuals who can benefit the most. Others mention that more help should be directed toward those who are not retarded but have other learning problems; it is suggested, too, that gifted children receive more attention. Reinforcement of this idea is further grounded in the survey results, which establish that vocational training is the highest priority among the developmental disability services, followed by transportation services. The lowest priority is daily living training, a service aimed at more substantially affected individuals.

Following developmental disability services, mental health services is rated as a priority. The general public is divided in opinion over the necessity of this service. Somewhat more than half indicate a high or medium priority, and somewhat less than half feel there is a low need or no need for mental health services. Again as with drug abuse services and alcohol abuse services, the public believes that mental health's greatest emphasis should be with Montana's youth.

Family planning services are seen by the general public as having the lowest priority of all categories of service. Over a third of the general public see this service as either a high or medium service priority; two-thirds see it as a low priority or as not needed. Within family planning services, the activities rated as most important are birth control, and public school programs. Once again it is evident that the public's concern rests with Montana's youth.

In addition to measuring the public's service priorities, a determination of the prevalence of particular needs was undertaken. From self-reported cases, it is apparent that the services having the greatest number of potential recipients are child and youth services and aging

services. Approximately 12.1% of the general public indicate a need for aging services. When viewing recipients of child and youth services as exclusive, it is estimated that 14.7% of the population is in need of these services. 7.8% are estimated to be in need of youth counseling, and an estimated 1.7% are in need of neglect and abuse services. Another 5.4% indicate a need for day care services. See Table 48.

Following the area of child and youth problems, alcohol abuse services is reported to have the next greatest number of people in need of service, followed respectively by the number in need of mental health services, developmental disability services, family planning services, and lastly drug abuse services.

The magnitude of these prevalence rates for Montana coincide closely with the ranking of service priorities previously stated by the general public. That is, aging services is rated as the top priority by the general public and also has the second greatest number of people in need of its service. Closely following this, is child and youth services -- a second priority -- and it has the largest number of potential recipients. This relationship between priority and the size of the target population at risk holds fairly true for all services except drug abuse services. Drug abuse services receives third place priority but it has the least number of people in need.

The relationship between the number in need and priorities held by the general public are summed up on Table 49; as this demonstrates there is a correspondence between the priority and the number in need for most services.

Additional findings suggest a substantial absence of knowledge among the public regarding eligibility requirements, services available,

and service whereabouts. Almost half the public does not know what services are available, nor where they are available. This lack of knowledge is even more prevalent among lower income people -- the most likely potential recipients of social services. These findings are indicative of the pressing need to inform the public regarding these matters. Additionally, dispersion of such information; e.g. amounts of welfare subsidies, would help reduce a widespread misconception that welfare means 'plush' living without work.

From the survey it is learned that approximately one-third of the public has at some time received some form of social service from the government. Of this portion, two-thirds had favorable experiences and a third had unfavorable experiences. Additionally, the public expresses an overwhelming need for crisis lines and the approval of a social service hot-line... a further indication of the public's desire to learn more about the state's system.

On the basis of this research, the number of people needing services has been estimated and the priorities of service programs established. Additionally, it is clear that the general public is very unaware of 'how' and 'where' services operate and, furthermore, express the desire to know more. It should be the responsibility of SRS and other service agencies to take the necessary initiative to make this information known to all residents of Montana.

TABLE 48

PREVALENCE OF SOCIAL SERVICES NEEDS*

	%	ESTIMATED N
Aging Services	12.1	81,600
Child & Youth Services	14.7	92,669
a. Youth Counseling	7.8	52,600
b. Abuse/Neglect	1.7	5,000
c. Day Care	5.2	35,069
Alcohol Abuse Services	7.5	50,581
Mental Health/Family Counseling**	6.8	45,860
Developmental Disability Services	5.4	36,418
Family Planning Services	4.4	29,674
Drug Abuse Services	3.2	21,581

* as estimated by the public survey. Incidentally, those rates coincide closely with the national prevalence rates.

** Both need for mental health and family counseling were reported, the need for family counseling is somewhat higher 6.8%, compared to the need for mental health 5.8%. Since these are not viewed as exclusive types of services, the higher estimate is recorded.

TABLE 49

RANK ORDERS* OF PRIORITIES AND TARGET POPULATIONS

	PUBLIC'S PRIORITIES	TARGET POPULATIONS	
Aging Services	1	2	(12.1%)
Child & Youth Services	2	1	(14.7%)
Drug Abuse Services	3	7	(3.2%)
Alcohol Abuse Services	4	3	(7.5%)
Developmental Disability Services	5	5	(5.4%)
Mental Health Services	6	4	(6.8%)
Family Planning Services	7	6	(4.4%)

For rank ordering of public priorities, the smaller the number the higher the priority.

For rank ordering of target populations, the smaller the number the greater the percent of population needing a service.

SECTION FOUR

'SPECIAL INTEREST' GROUP SURVEY

INTRODUCTION

Various special interest groups responded to this survey. Predictably, they emphasized additional need for services in their own areas of concern. Although it is appropriate for special interest groups to assign high priorities to their own activities, it should be noted that such groups operate under two important conditions: (1) they represent only a small percentage of the total population, and (2) their continued existence depends upon their ability to mobilize resources for their clients. For these reasons, special interest groups may sometimes tend to create an aggregate need that does not truly exist. This does not mean, however, that the responses of special interest groups are invalid. Rather, their answers are noteworthy for research into the overall need for social services.

This report analyzes the responses of the special interest groups which constituted the survey sample. Individual groups were placed into general categories reflecting their special interests; for example, all special interest groups serving youth were categorized together. Each general category presents an overall summary of needs appropriate to that category. A miscellaneous category was created in order to discuss a small number of groups which could not be placed in any of the general categories.

Human Resource Development Councils and the Montana State Low Income Organization

Individuals and families with very low incomes comprise a special interest group. Two organizations which represent the interests of low-income people were sampled for this study: the Human Resource Development Councils (HRDC's), also known as Community Action Programs (CAP's); and the Montana State Low Income Organization (MSLIO). The main objective of the MSLIO is advocacy, while the HRDC's provide limited services to low income persons.

The CAP programs listed the following five general areas of low income concern for the state as a whole:

1. Unemployment
2. Housing
3. Health services
4. Services for:
    a. youth
    b. alcohol abuse
    c. drug abuse
5. Improvement of present service delivery

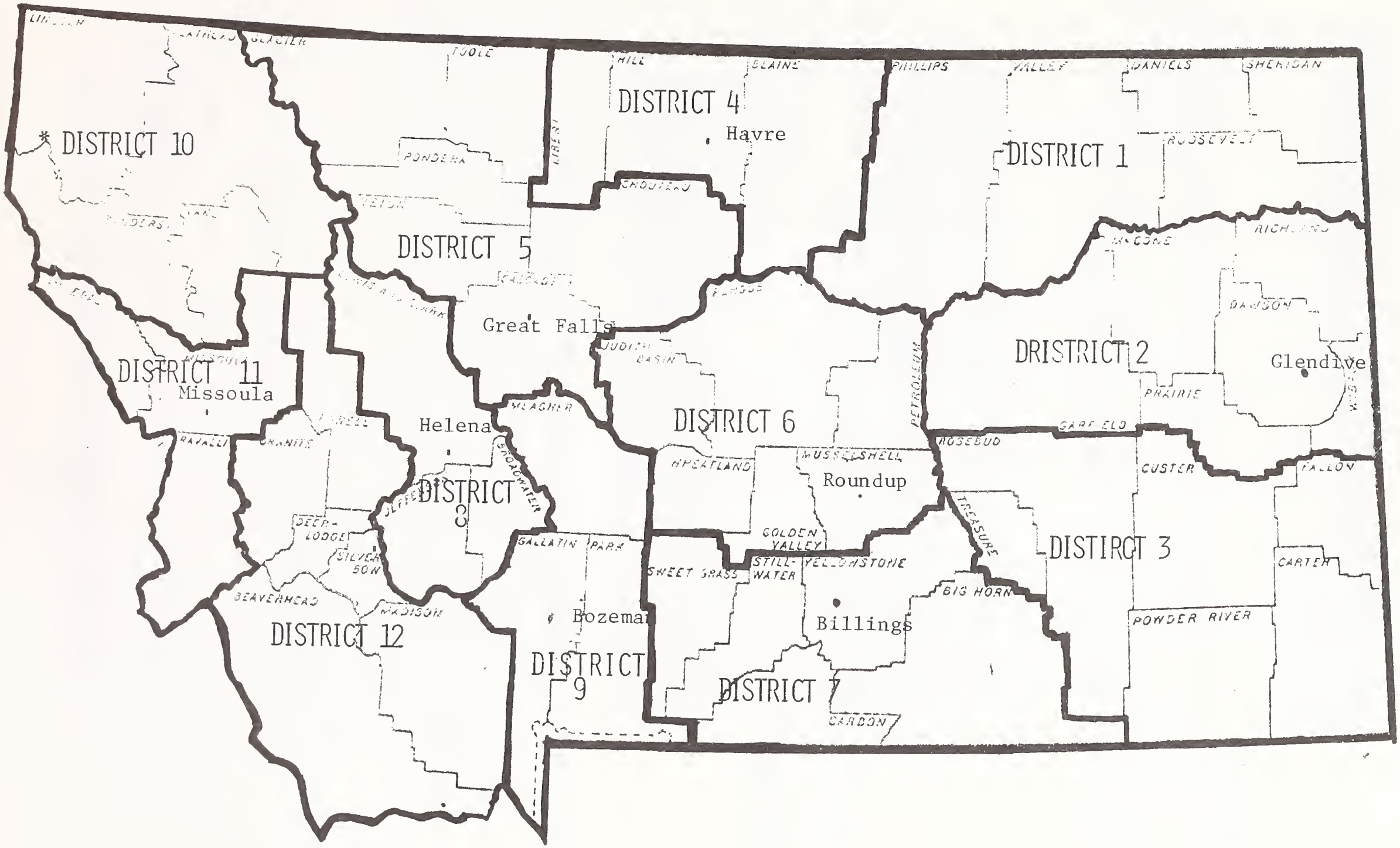
Unemployment

Unemployment problems are often particularly acute for low-income persons. Low-income persons are typically unskilled, or low-skilled, and the continued low income of a family does not allow a person to acquire the training necessary to obtain an adequate income. Individuals in this category have a difficult time finding employment even during prosperous economic times; during depressed times, their problems become more critical. One representative CAP program summarized the situation of its clients as follows:

> "As there is a large immigration into the State of Montana, new people are bringing trade skills and experience with them. There are many unemployed Montanans who haven't had the training and experience opportunities found out of state. Therefore, a concentrated effort must be made to train or retrain Montana's unemployed and underemployed for available jobs in Montana.

HUMAN RESOURCE DEVELOPMENT COUNCILS

Regional HRDC's



* DISTRICT 10 ADMIN. BY MISSOULA HRDC

> "Much of Montana's unemployment problem involves seasonal labor. Some effort must be made to create jobs during the winter months in order to keep seasonal laborers employed year-around."

Housing

Housing is considered to be another critical need of the CAP client, not only the low-income, but the elderly, blind, and disabled as well. One program described the problem in the following manner:

> "The housing of our clients is grossly under par, both in quantity and quality. In many of the smaller communities the houses are predominantly old, i.e., greater than fifty years old. Most of the houses would probably not pass modern building codes. However, if these houses were condemned, the people could not afford to build new houses or pay rent for modern rental units."

And again:

> "Without question, the most urgent social service need facing state government is housing. There is a great shortage of low-income housing in many communities, as well as a need for more rental housing for the elderly in many small rural communities."

The elderly, blind, and disabled are sometimes unable to take routine care of their homes, and many homes are consequently in need of extensive repair. In such cases, a program designed to provide adequate housing could help to prevent institutionalization of persons who cannot care for their homes. The CAP's suggested the following solutions:

1. Home chore services
2. Home chore housing rehabilitation services for the elderly
3. Homemaker services for the elderly, disabled, and blind

In addition, the CAP's mentioned the following specific housing needs:

1. Maintenance of existing housing the the elderly, blind, and disabled.

2. Additional reasonably priced housing the the elderly and the low-income.

3. Additional rental units potentially affordable by the elderly and the low-income. In general, rural areas need this most.

Health Services

The respondent CAP's described a need for the following mental and physical health services:

1. Psychiatric and psychological services, especially in rural areas.

2. Walk-in mental health centers with no income guidelines.

3. Mobile clinics, and, possibly, health maintenance organizations.

4. Family planning clinics in every Montana county.

Some respondents expressed a need for new programs related to health services, such as transportation, so that clients may take advantage more easily of health services available in their areas. In the words of one CAP, there is a need for a:

> "Transportation program so that elderly and low-income clients can be taken to much needed medical and social services, especially in rural areas."

"Meals on Wheels" programs for the elderly were also suggested. Although this is not a direct health service, proper nutrition is, of course, indirectly related to good health. And, in some cases, "Meals on Wheels" programs may reduce the need for institutionalization.

Services for Youth and Children

HRDC's and MSLIO specified needs for the following programs for youth and children:

1. Advocacy
2. Day care
3. Nutrition
4. Health education
5. Recreational and cultural programs for adjudicated youth

Suggestions were also made for the initiation of programs to prevent juvenile delinquency and criminality. Specifically, diversion and intervention programs were suggested to prevent first offenders from having contact with the criminal justice system.

Alcohol and Drug Abuse

The most urgent needs cited in the areas of alcohol and drug abuse were for alcohol detoxification centers and drug abuse prevention programs, as well as counseling for both alcohol and drug abuse.

HRDC's and MSLIO's Evaluation of Title XX

Dissatisfaction was expressed regarding the management of Title XX funds. One important problem mentioned was the centralization of services:

> "The centralization of social service programs is perhaps the biggest problem in this regard. Only Hill County in District 4 has Title XX nutrition and aging programs. Blaine County is so far the only county in the district to provide Title XX home chore services. If local governments are to participate more in Title XX, they must feel they have a greater degree of control."

Matching money is also a significant problem, according to the CAP's, as local matching money for Title XX is difficult to obtain:

> "Montana's Title XX plan is fine except that the state doesn't feel that it has too great a responsibility in providing match and expects the counties to do the job.
>
> "The procurement of local match is difficult. Need to ask the state to appropriate some of the match."

The major criticism voiced by the CAP's is the opinion that the Department of Social and Rehabilitation Services uses Title XX funds to perpetuate and expand its bureaucracy and that as a result SRS is not responsive to the social service needs of its clients. The following statement is representative of remarks provided by the CAP's regarding SRS management of Title XX funds:

> "Did not reflect voiced needs of public who provided input at public hearings. The Title XX planners in SRS are too conservative, they do not give much weight to innovative programs, like to stick to the old tried and true SRS programs. I feel that there are agencies in communities in Montana that can provide better, more economical services than SRS-staffed programs. Don't think SRS really responds to public input such as open hearings and needs assessments. I feel that they go through those public procedures just because they have to by law. As reflected in the Title XX plan, SRS protected and extended their long-term expensive ongoing social service programs."

Obviously, the CAP's would like to see changes made in Title XX management. These changes would include more citizen input into the plan, more services contracted at the local level for the sake of economy, and more responsiveness from SRS concerning citizen input and needs assessment.

Family Planning

There are sixteen family planning programs in Montana, funded through the Maternal and Child Health Bureau of the Department of Health and Environmental Sciences. This report is concerned only with the non-Indian family planning programs; a discussion of Indian programs may be found in Volume III, Social Conditions and Social Services on Montana's Seven Indian Reservations, of this Title XX needs assessment. The map on the following page displays the locations of the non-Indian family planning programs in Montana.

The purposes of family planning programs are to distribute information about family planning, counsel, dispense birth control devices, and offer general health services. Prevention of undesirable situations, such as unwanted pregnancy, is an essential component of family planning programs. Adequate prevention measures may eliminate future need for social services of other types. To this end, family planning programs have a holistic concept regarding the provision of social services. That is, they consider the only way to solve social problems is through the provision of a series of interrelated services aimed at reducing dependency. These services would include job training, job placement, day care, health services, nutrition programs, and family planning. This attitude is reflected below in the words of one family planning program:

> "In terms of urgency, these services (job training, job placement, family planning, and day care) are linked together. Job training is of utmost importance if low-income individuals are to become self-supporting."

Family planning programs expressed urgent needs for expansion of present services and initiation of new services with the following targets in mind:

1. The young client. Adequate family planning may allow young persons to pursue goals related to education and job opportunities. According to one program:

FAMILY PLANNING

> "Most of our clients are in the 18-to-30 age group (i.e., they are relatively young and low-income individuals)."

2. Indians. A special need was stressed for Indians on reservations and in reservation counties. (As mentioned at the beginning of this section, this report is concerned only with the non-Indian family planning programs; a discussion of Indian programs may be found in Volume III, Social Conditions and Social Services on Montana's Seven Indian Reservations, of this Title XX needs assessment.) According to a family planning program in northern Montana, a need exists for:

> "Concentrated efforts on education of family planning to teenagers. Both Hill and Blaine Counties are above the state average for teenage unwed mothers."

3. Increased personnel. Apparently, in some areas the demand for services far exceeds the ability of present staff levels. One program simply stated that, "There are no social worker(s) in our agency." Perhaps the need for additional personnel can be seen most clearly in the case of medical services. One respondent stated a need to:

> "Expand the monthly outreach clinic in Blaine County to ongoing family planning services with a halftime nurse serving the clients. The county, in 1970, had the lowest per capita income in Montana. In addition, there is only one doctor for 5,359 non-Indian, off-reservation residents. The county does not have a public health nurse."

4. Additional health services. All family planning programs expressed a need in this area.

Overall, the family planning programs suggested the initiation of several general programs: public school health education, sexuality (i.e., instruction on handling interpersonal relations concerning sexual roles) education, home health, family health, nutrition education, and family planning medical services.

Recommendations

Collectively, the family planning programs recommended the following three possible solutions to their problems:

1. Expand Title XX funding
2. Initiate educational programs for clients
3. Increase services

1) Expand Title XX Funding:

Family planning programs emphasized the inadequacy of available funds to serve all eligible clients. One statement reflecting this problem is presented below:

> "The Title XX program must be extended so that all those eligible may be served. Our allotment for the grant year July 1976 to July 1977 will be exhausted by mid-November 1976. This in effect means that the present funding level is only adequate to provide services to approximately 1/3 of the eligible population that comes to us for services."

The same problem is echoed by another program:

> "The Tri-County Family Planning Program has only enough Title XX funds to serve approximately 2/3 of the eligible clientele."

And once again:

> "There are 330 women between the ages of 15 and 44 in our area below the 100% poverty level, plus 790 other low-income women in need of subsidized family planning services. Currently, funding for our programs is not adequate to even meet 1/9 of the area need."

2) Initiate Educational Programs for Clients:

Education can assist in solving family planning problems. Proper education in certain areas may aid individuals in handling sensitive personal problems and learning how to interrelate with others. Specifically, family planning personnel consider the following education programs to be essential:

(a) "Education and counseling in conjunction with the curriculum of regular public schools. One component would be sex education, including discussion of sexual roles and human reproduction.

In addition, one program suggested:

...a meeting with faculty of schools (especially high schools) to see if a staff member of family planning could work with the school nurse to better counsel teenagers on sex education and family planning.

(b) Preventive health program for all women. It is apparent that education programs are vital if the prejudice surrounding family planning programs is to be removed. The utility and benefits of providing family planning information is not yet fully accepted by public schools, although younger youth, in the 13-14-year-old age group, is in fact a high risk group."

3) Increase Services:

According to the family planning respondents, most individuals served by family planning programs need general health services as well. One program expressed this need as follows:

> "We are presently in need of funds for a program that would allow us to provide essential health services to chronically ill and disabled of all ages who can be maintained in their homes by provision of parttime, intermittent health care services."

Evaluation of Title XX

Evaluations provided by the respondents concerned three different components: reporting, management, and planning. They are discussed below:

Reporting:

Generally, respondents expressed opposition to the SRS reporting requirement. This requirement is considered a burden because of the confusion it causes and the amount of time it takes. The present reporting system may be inefficient and more time-consuming than it should be for two basic reasons cited by the family planning respondents: (1) SRS staff is not always available to answer questions and give assistance, and (2) only one SRS employee is authorized to assist in the reporting procedure. Two possible solutions were offered: (1) simplifying the system, thereby saving time and cost, and (2) eliminating the reporting requirement altogether. Respondents defended the latter suggestion by citing P.L. 94-401 and H.R. 12455; it was felt that since the law eliminated the income ceiling and the personal data requirements, no reporting should be necessary.

Management and Planning:

Overall, respondents expressed difficulty with management and planning. For example, family planning programs indicate that they have been operating with a reduced number of employees, and, as a result, have been forced to limit services. Under such conditions, long-range planning becomes highly uncertain and coordination of available staff with demand for services is extremely difficult.

One area of potential improvement was seen in establishing more communication with and receiving technical assistance from Department of Health state planners in setting up new programs. After the initial phase of planning, continued communication with the state planners would also be beneficial.

Lack of staff and lack of funds do not allow family planning programs to adequately serve their clients, or to adequately manage and plan their programs. The general feeling expressed by the respondent programs is that they have been overlooked despite their mandated status.

THE 4-C's
Community Coordinated Child Care

The main purpose of 4C's is to provide limited technical assistance to child care organizations, especially day care centers, assisting youth under 12 years of age. The map on the following page displays the locations of 4C's programs in Montana. According to 4C's, the needs of youth lie within four basic areas: (1) day care, (2) services to families, (3) prevention, and (4) welfare. These are discussed below in greater detail:

Day Care

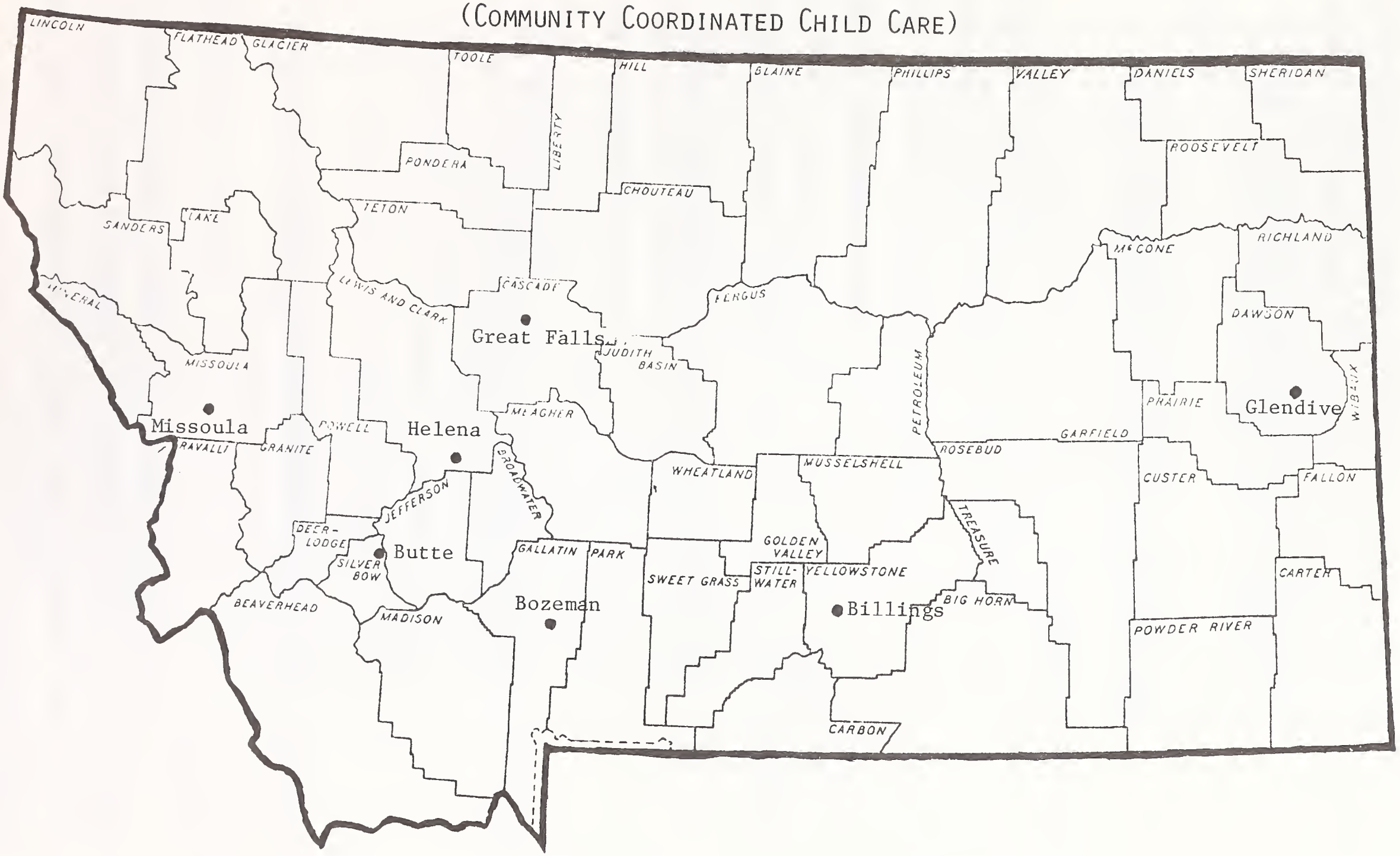
The 4C's programs report that youth has an urgent need for day care services. Day care is one of the services presently being funded through SRS. However, at present SRS funds only AFDC day care. 4C's, on the other hand, has proposed the use of a sliding scale for day care; that is, a fee schedule based upon the ability to pay for day care services. The purpose of a sliding scale for day care would be to extend day care services to persons who are not on AFDC, but are still within 80% of the median family income. A number of programs described the problem as follows:

> "Day care fees based on a sliding scale to help alleviate the frustration of mothers, who, in an attempt to be self-sufficient, obtain jobs, get off welfare, but whose minimum wages (further diminished by child care costs) almost push them back to the welfare rolls. The current Title XX plan is not satisfactory as the biggest need in our program is not being met (e.g., a sliding scale for day care costs). At present, a single mother who has received WIN training and placed in a job, is denied all supportive services, including child care payments as soon as she is earning 150% AFDC ($4,536.00 for a family of 4). Under Title XX, these costs can be paid up to an income which is 80% of the state's median income ($10,275.00 for a family of four)."

4C's also stated that day care services need considerable improvement, and that, "day care is one area which has received little attention by the state."

4C's Programs

(Community Coordinated Child Care)



4C's programs expressed a need for increasing the quality of existing day care services. As a number of programs stated, this would include:

> "More licensed day care facilities, especially in homes. At least some training required for all licensed day care operators. Enforcement of licensing law for day care.
>
> Institution of a state-wide training/education system with licensing requirements, including minimum training standards."

Services to Families

Nurturing is an important concept that is widely used when speaking of children. In fact, most services to children and youth are given primarily to facilitate nurturing or to compensate for the lack of nurturing. The family, particularly the parents, are considered primarily responsible for the nurturing of their children. In keeping with this concept, the 4C's programs suggested a number of services which are directly related to the nurturing process:

1. Family Services. This is an intervention study emphasizing communications training to determine what families need and who would be most qualified to meet those needs.

2. Foster Care. This is an alternative to the nurturing process when the natural family cannot provide it.

3. A required orientation program prior to licensing for potential foster parents, familiarizing them with the problems and needs of the foster child and with the impact these needs will have on their family.

4. Treatment programs for parents of abused and neglected children.

5. Respite Care.

Respite and foster care programs are designed to replace the natural family when it can no longer fulfill its normal role.

Prevention

In the nurturing and development of youth, problems such as delinquency sometimes arise. In fact, delinquency is considered such a problem that the 4C's programs, along with other youth and child advocates, see a need for delinquency prevention in the form of:

> "Appropriations for programs directed at high-risk kids (low-income, single parent, educationally handicapped, emotionally troubled, or other causes of problems in older children) with the objective of reducing the percentage of "high-risk" kids ending up in court, out of school, and away from family."

4C's suggested several prevention programs:

1. "Funding for after-school programs, especially for high-risk students, to help them gain a better self-image and engage in worthwhile activities

2. Educational programs on the subject of "chemical" drug dependency

3. Recreational programs to provide alternative learning experiences

Welfare

In general, all the services discussed thus far are welfare services. However, the 4C's programs seem to believe that only AFDC payments are welfare projects. The 4C's programs stated a belief that AFDC payments should be increased because the cost of living has increased for everyone, including AFDC families. Increasing AFDC payments is one method to help assure better nurturing in the form of food, whelter, and clothing.

FOCUS's Evaluation of Title XX

The 4C's programs expressed problems and criticisms of Title XX planning:

> "The planning cycle is inadequate--we need much more data to write the plan.
>
> "It's hard to read and interpret--no wonder only service providers come to the public hearings.
>
> "... money in research and demonstration projects--a sort of discretionary fund stimulating creativity and innovation in services."

Unequal Distribution of Funding

> "Montana's Title XX Plan...shows an imbalance in its priorities in allocation of funds. Many areas of services have a much greater allocation than others. For example, one area which has received a low priority is that of day care which is of great importance to the welfare of many of the children in Montana.
>
> "... children's needs should have a higher priority, more money."

Cost Accounting

> "The 4C's projects have been traditionally non-direct services...It is important to recognize non-direct services as different than direct service providers and set up mechanisms for separate cost accounting procedures.
>
> "A problem arises in regard to unit costing of direct service providers. For example, Title XX funds an enrichment program in Monarch-Neihart area, which serves 100% of the Title XX kids in the area. The unit cost is determined by the number of kids in the program at the start. If a family moves, there are literally no children (Title XX or otherwise) to pick up; therefore, the unit cost exceeds the contract and then there are problems with Fiscal Bureau.
>
> "Other problems: Needing 100% of match at beginning of program, especially when we are dealing with governmental units other than the state or feds."

The cost accounting for child services, as the 4C's program aptly states, is somewhat rigid and unresponsive to specific situations of certain sparsely populated regions. In the case of the Monarch-Neihart program described above, unit costs are based upon the number of youth in a program. If some of the youth move after enrolling in the program, the program will have fewer youth, but the grant will remain the same. Hence, the unit cost will increase.*/

*/ This cost accounting method has been implemented since the completion of the survey.

Mental Health Centers

The main objective of mental health centers is to provide services to the emotionally disturbed. The emotionally disturbed can include many groups--youth, the elderly, alcoholics, the developmentally disabled (DD), the mentally disturbed, and families. There are five regional mental health centers in Montana. Each center provides services to a multi-county region through satellite centers (see the map presented on the following page showing the distribution of mental health centers and their regions). Various needs perceived by the mental health centers are discussed below.

State's Needs

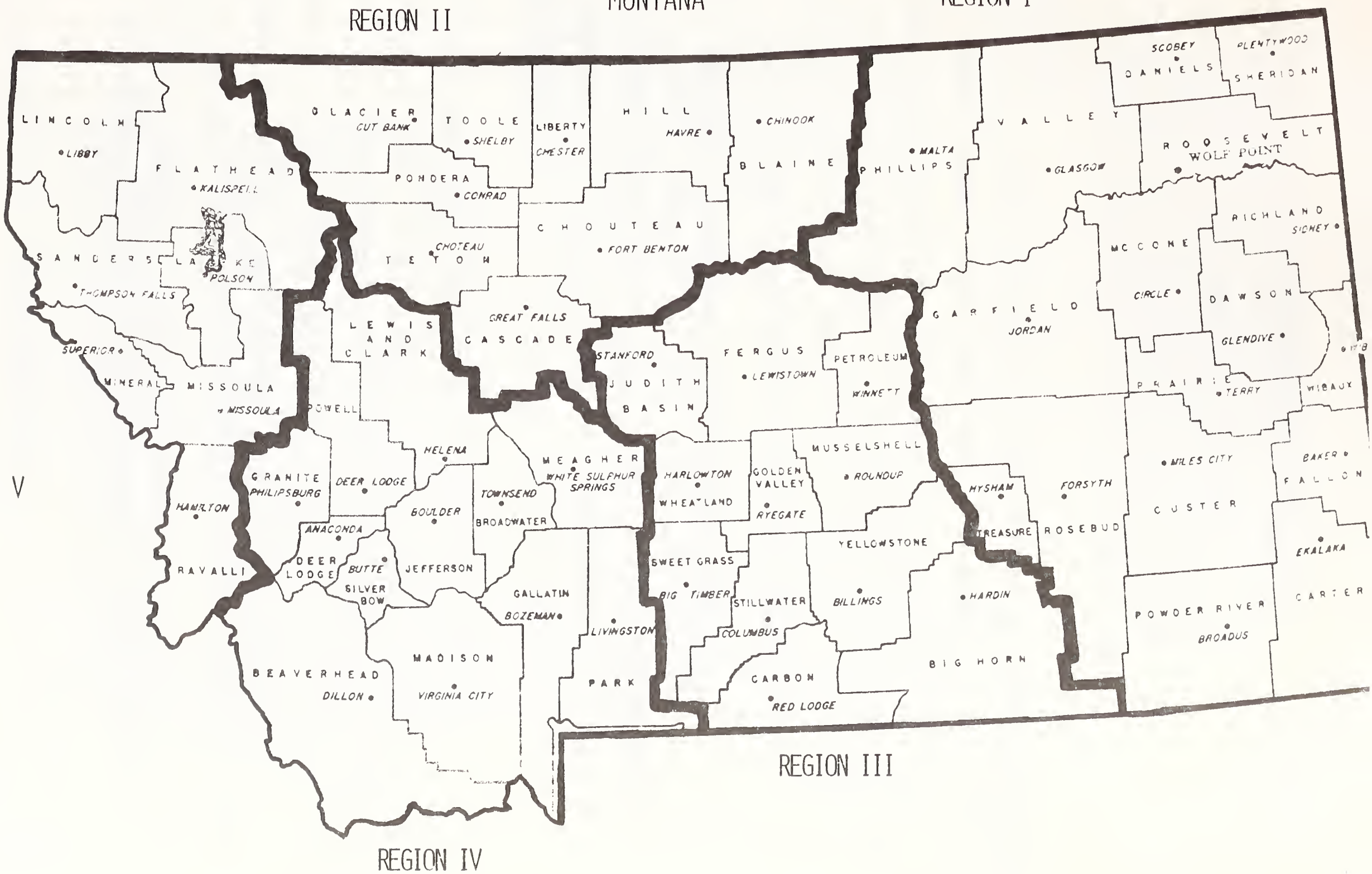
Community-based services were one of the urgent needs expressed by the community mental health centers. The following is a representative comment:

> "Provision for community-based living alternatives for mentally ill people who can be effectively treated in the community.
>
> "...to provide alternatives for institutionalization."

Community-based services could reduce institutionalization of the mentally ill. Even though deinstitutionalization is a prevalent therapeutic process, the mental health center felt it could be developed to a greater extent, especially for the patients who have already been placed in the community. It was suggested that additional treatment programs could further develop the process of deinstitutionalization:

> "Maintaining emotionally disturbed individuals in the the least restrictive environment by providing them the means and transportation to seek help at mental health centers, day treatment centers, rehabilitation centers, and organizations which provide training in socialization and community living skills.
>
> "Securing adequate foster and 24-hour supervised group home care for emotionally disturbed adults,

MENTAL HEALTH REGIONS IN MONTANA



> adolescents, and children who are unable to remain in independent living and for those in institutions, including nursing homes, who need community placement."

Reevaluation, according to the mental health centers, could help distribute funds more equally and make their programs more efficient and responsive to their clients:

> "Reevaluate currently funded services viewing impact, objectives, and needed changes.
>
> "Through reevaluation, adjustment could possibly be made for equalizing services to a broader array of needy citizens involved in such services as mental health, thus causing a more uniform distribution of Title XX monies."

Control of health care costs is considered another important part of managing the mental health service system:

> "Mental health care costs must be controlled by changing the structure and/or function of this delivery system."

Some felt that the present structure and mental health delivery systems are too cumbersome and expensive:

> "De-emphasis on community mental health centers as centers per se. Centers are getting to be too plush, too far removed from the everyday life experience of people who need to use the services..."

The staffing of mental health centers was also mentioned as a possible area needing reevaluation:

> "There needs to be a balance between people with degrees and people who care. Our mental health system is now top-heavy with overpaid, overrated psychologists."

Rescheduling staff availability to correspond with client's time of need was recommended:

> "Part of the job descriptions for all mental health workers needs to cover the point of being available at different hours. This can be rotated or perhaps one or two would excel at these assignments. People need to be compensated for their time."

The Mentally Disabled

The mental health centers made recommendations regarding institutionalization and community care. The following needs were cited:

1. "Supplemental funds for those deinstitutionalized mentally disabled who reside in 24-hour supervised group homes (WSSH funds are temporary where cost of living exceeds basic social security supplemental benefits and apply only to the restricted group in WSSH July 30, 1975, and released after that date).

2. "Group home living arrangements for adolescents who are handicapped both developmentally and emotionally.

3. "Training for group home parents and boards, and foster home parents both for DD and the mentally disabled, as well as for the alcoholic and other substance abuse disabled."

Youth

The following youth services are considered necessary by the mental health centers:

1. "Recreational therapy programs for youth

2. "Child care services for working mothers who are not receiving AFDC

3. "Preschool and day training for emotionally disturbed children

4. "Foster care training of parents for children and adult placements

5. "Consultation and therapy for youth who are before the court

6. "Evaluation and treatment for emotionally disturbed students

7. "Diagnostic and treatment facilities for emotionally disturbed children and youth

8. "Initiation of team approach in rural area outreach services for youth and elderly"

Mental Health Services

Respondents listed the following mental health services as urgently needed:

1. Transportation is necessary for those who are mentally disabled to receive training and medical

services which are scattered in the community. It is especially critical in the establishment and implementation of geriatric day treatment programs.

2. Vocational services to enable the mentally disabled in the community to secure employment or requisite skills for employment.

3. To provide funding for those mentally disabled persons and the elderly ineligible for Medicaid support in day treatment (health-related or treatment follow-along).

4. Homemaker and/or chore services for the mentally disabled and elderly in semi-independent living.

5. Daily living training by qualified persons to mentally disabled to insure removal from institutions to less restrictive environments.

6. Mental health programs for the elderly mentally disabled (and especially the deinstitutionalized) in nursing homes.

7. Respite care for mentally disabled and elderly persons for temporary periods of time to relieve natural home, foster, or group home.

8. Sheltered workshops aimed particularly at needs of the emotionally disturbed client.

9. Emphasis needs to be placed on the planning and implementation of day treatment programs (partial hospitalization) and crisis intervention. (Intervention in the home, on the street, or wherever necessary, and alternatives to hospitalization are the tools of today.)

Families

Some respondents would like to incorporate services to families into the mental health program. The following services were suggested to alleviate stressful family situations or problems:

1. "24-hour children's day care center for working mothers

2. "Parent education aimed at changing attitudes and environment of family members to help children and parents

3. "Parent survival training classes in satellite counties"

Mental Health Programs and Social Perceptions

Until relatively recent times, the mentally ill were not considered sick or mentally ill; rather, they were considered "possessed" or evil. As a result, it was considered best to merely isolate the mentally ill from others. To a certain extent, misconceptions toward the mentally ill still exist. To alleviate this situation, community education or awareness programs were suggested by respondents:

> "Still more community education, e.g., so what if someone's behavior is a little different. ( ), however, has certainly been very accepting and helpful to the return of Warm Springs people into the community. My staff of paraprofessionals were of more help than any of the other professionals."
>
> (The name has been deleted for the sake of confidentiality.)

In conjunction with community education, respondents seem to feel that community-based services are the preferred therapeutic method of delivery:

> "Community-based alternative care facilities for high-risk groups are basic to provide programs with a focus on prevention of institutionalization of the emotionally disburbed/mentally ill client. Nursing homes have been, and currently are, the primary resource for deinstitutionalizing WSSH patients. Although they function adequately for persons, especially the geriatric, in need of skilled and/or intermediate nursing care, there are few alternative care facilities for the geriatric as he/she progresses, or for children, youth, and adults who are at high risk. Thus, to comply with current legislation, facilities are a top priority in order to furnish continuity of care to emotionally disturbed/mentally ill clients.
>
> "Diagnostic and treatment facilities for children and youth are also needed. Research has proven that children make more progress when they are in their own environment utilizing local resources, thus alleviating many adjustment problems. Community-based children's services could mitigate the need for sending children to out-of-state programs."

Evaluation of Title XX

The mental health centers criticized Title XX for various reasons. Basically, respondents indicated that Title XX does not give enough recognition to the mentally ill:

"Montana's Title XX plan places too much emphasis on the developmentally disabled with too little emphasis on the other disabled, i.e., the aged, alcoholic, the physically handicapped, the mentally ill. There must be an opportunity for all to participate in social services and social support services equally; it would be more fair were all those eligible by Federal standards to be included for eligibility in the State plan. The elderly disabled, physically and mentally disabled are in great need of the same services as the DD, viz: homemaker and chore services, respite care, transportation, daily living training, protective services.

"Since the WSSH contract is currently limited to support of those in WSSH prior to June 30, 1975, and subsequently released into the community, this temporary source of funding must be supplanted and replaced in other ways or those persons will be unable to be maintained in community living arrangements. With funding being a 25% non-Federal match for the past year, we have been able to contribute that portion in a number of program areas. The legislature must be addressed in terms of Title XX funding direct to mental health centers for support and contract services or through the Department of Institutions.

"We continue to need clarification of who is responsible for the development and implementation of a particular social service; much time is spent in need evaluation and staffing with too little actual service and benefits getting to eligible recipients."

Some respondents suggested that the Title XX plan is too inflexible. In support of this statement, the following example was provided:

"Montana's Title XX plan is not responsive to problems involving the emotionally disturbed/mentally ill person. Because it is common knowledge regarding the lack of funding for mental health services from Title XX monies, a stipulation was made in the State plan which stated:

> To accommodate mental health, we shall consider those needs of mental health based upon funds which might become available. If funds are not expended at the rate anticipated in any program, the funds will be transferred to Mental Health without undue delay.

"The Department of Institutions was notified in March 1976 that there was an unexpended amount of $140,000, or $28,000 per regional mental health center, or .016% of Title XX funds. The funds were used for unbudgeted center items, i.e., transportation, day care equipment, advocacy, etc. To receive this small amount of money, which had to be expended by June 30, 1976, the centers had to comply with

> the Social Service Reporting System. Due to the short time span--three months--the unit cost for eligible persons was high. Also, after accomplishing the eligibility requirements, the question of keeping the eligible persons in the system became an issue in the event that funded programs would not expend all of their funds during FY '77 and that these funds would become available for mental health services. A point in fact is the reporting system was cumbersome considering the time span.
>
> "In summary, Mental Health cannot plan on Title XX funding and this is a concern to the center--especially when Mental Health fits so tidily into the goals (228.23) of Public Law 93-647."

Another criticism by the community mental health centers was the management of one specific mental health center. That is, the staff of the center felt that they were not given information about Title XX:

> "At the ( ) Mt. Mental Health Center, information is not passed on to the people who could really disseminate information to those who need it or could make use of it. It appears to stop with ( ), ( ), and their cronies--it does not get to the people who provide direct services to clients. The only thing I heard about Title XX was that it could provide funds for a van for Day Treatment."
>
> (Names were deleted for sake of confidentiality.)

Miscellaneous

Montana Senior Citizens' Association

The dominant problem of many senior citizens is that they live on fixed incomes which do not rise with the cost of living. The Montana Senior Citizens' Association stated that needs of senior citizens lie predominantly within four areas:

1. "Transportation
2. "Nutrition, especially for those living in rural areas
3. "Home health care
4. "Home insulation, such as winterization of homes"

Title XX

The Montana Senior Citizens' Association recommended two changes in the management of Title XX:

1. "No means (income eligibility) test for the elderly
2. "Make available matching funds from the local level, and determine priorities by local areas. Matching funds on the state level would be useful."

Alcohol and Drug Abuse Advisory Council

The Alcohol and Drug Abuse Advisory Council recommended the following improvements in drug and alcohol abuse programs:

1. "Better coordination of efforts in all agencies to provide desired services for alcoholics, drug users, and youth guidance centers
2. Detoxification centers in regional locations
3. Better working relationships among state service agencies and law enforcement officials in handling people under the Alcohol Decriminalization Act requirements
4. Halfway houses for both alcohol treatment and for persons released from imprisonment"

The Montana Migrant Council

The Migrant Council indicated that the migrant worker is a low-income, marginal, seasonal worker. Their main needs are for health services and employment. Also, the migrant worker is usually uneducated and in need of various supportive services to help them "begin a more stable life." Specifically, the council listed the following needs:

1. "Rehabilitation Service, including funds for education and training
2. Social Security, including more public information and services
3. Education, including more grants for all persons
4. Transportation for the elderly to obtain food stamps
5. Health services in the areas of dental needs, prescriptions, and money
6. Mental health, with the addition of more paraprofessionals"

The Regional Developmental Disabilities Councils

The primary goal of the Regional Developmental Disabilities Council is the provision of community-based services for DD's. A representative council stated this goal in the following manner:

> "Developing five Intermediate Care Facilities for the mentally retarded (ICF/MR), one in each region, will accomplish this goal. In order for these programs to be successful, they must be operated by the private sector of our society. The State Institution concept for the mentally retarded started around the turn of the century. After more than three-quarters of a century of total failure, the time for a change is long overdue."

According to one council, DD's should be treated in communities rather than in institutions:

> "Our clients are the mentally retarded throughout the State of Montana. In the last 18 months, group homes and activity center day programs have been created throughout the State for the adult developmentally disabled (DD) persons from BRS & H, Galen, and the communities. Ten group homes for institutionalized children are in the developing stages.

> Our most urgent need for the mentally retarded is closure of Boulder River School and Hospital. This should be done by July 1, 1979, at the latest."

To replace the institutions, the respondent councils recommended:

1. "More in-home and in-community assistance to natural and foster parents of handicapped children

2. Development of one intermediate care facility for the mentally retarded (ICF/MR) in each of the five regions in the state; each ICF/MR with a capacity for 35 residents, and operated by a private agency

3. More and better community services (housing, counseling, jobs, etc.) for mental hospital residents returning to the community

4. Expansion of services in rural areas

5. Expansion of generic service, e.g., speech and physical therapy"

The respondent councils also recommended that staff be upgraded to provide better services:

> "A general upgrading of the status of social workers to professionals with professional expectation levels and the system control to carry it out.
>
> "Training for case managers to assist in maximizing the range of services adequate case management could provide."

Evaluation of Title XX

In general, the councils expressed satisfaction with Title XX, stating that it adequately addressed and met the needs of the DD. One recommendation was made, however, that there be more local control of programs.

Summary

Overall, the special interest groups expressed the attitude that additional or improved services should be extended to their clients and programs. In some cases, recent innovations in service delivery methods, such as deinstitutionalization, have placed tremendous burdens upon local programs to adapt. According to the special interest groups, increased funding is necessary in order to initiate and maintain such innovations. Also, contingencies should be provided for the possible inability of some local areas to match funds. Even a reduction of the amount required from local areas would sometimes give considerable assistance to local programming.

Considerable opposition was expressed toward the management of Title XX funds. First, most special interest groups would like to manage their programs at the local level, saying that programs administered at the federal, state, or regional levels are often inflexible and unresponsive to the needs of local communities. However, the existing local administration is often considered wasteful and inefficient; some groups claim that large amounts of time, money, and energy are expended to support a sprawling bureaucracy that only perpetuates and expands itself. Also, special interest groups sometimes resent competition with other programs for money. During this survey, respondents from family planning programs and mental health centers felt that their programs were being deemphasized rather than emphasized.

In conclusion, respondents feel a need for more of everything--more services, more money, more employment, more services for youth, more services for the elderly, more housing, and a more responsive administration (SRS).

SECTION FIVE

APPENDICES

APPENDIX A

LETTERS AND QUESTIONNAIRES - SERVICE PROVIDERS

The Big Sky Country

SOCIAL AND REHABILITATION SERVICES

MONTANA '76

THOMAS L. JUDGE
GOVERNOR
THEODORE CARKULIS
DIRECTOR

September 27, 1976

Dear Service Provider:

The Department of Social and Rehabilitation Services has contracted with the Office of Budget and Program Planning to prepare a statewide, human services Needs Assessment for the Title XX program as required by P.L. 93–647, Section 2004 (2) (j). Within the next two weeks, you will receive a letter and questionnaire from the Title XX Needs Assessment Research Project of that office.

The Needs Assessment is a crucial part of the Title XX planning process. The results of this study will be among the most important criteria used to prioritize and allocate approximately $17 million dollars of Title XX funds during the next biennium. To insure that each of Montana's human service programs and each of Montana's local communities receive the kind of support they require, the Needs Assessment Project will be asking you, the direct service provider, for your input and observations regarding the human service needs of your community. The information provided through your observations is of the upmost importance because it is founded upon close involvement with and knowledge of local conditions.

Successful implementation of Montana's next Title XX plan can be assured by your participation in the Title XX Needs Assessment. I urge you to complete the questionnaire being sent to you by the Needs Assessment Project and assist those of us in Helena develop a responsive approach to Montana's human service needs.

Sincerely yours,

Patrick E. Melby

Patrick E. Melby
Acting Director

Dear Respondent:

The Office of Budget and Program Planning is conducting a Statewide Needs Assessment for Montana's Title XX program. The results of this study will be among the most important criteria in designing the next Title XX plan and, ultimately, allocating 17 million dollars for social services during the next two years.

Your input and observations are especially important and will be used to determine the needs of your area. What needs can Title XX meet in your county? We are asking you for an answer to that question because you are familiar with the local scene and know its needs first hand.

Please fill out the enclosed questionnaire and return it to the Research Unit, Office of Budget and Program Planning, State Capitol Station, Helena, Montana, 59601. (Prior to October 18, 1976) A self-addressed, stamped return envelope is enclosed. The questionnaire is quite short and will take less than 15 minutes of your time to complete. Please answer all questions on the questionnaire. If you wish to add additional comments, please feel free to do so. Information will be used for research purposes only. All responses are strictly confidential.

Thank you for your time, help and cooperation. We appreciate your interest in strengthening Title XX and Montana's social service system.

Very truly yours,

John S. Fitzpatrick

John S. Fitzpatrick
Research Manager

JSF/dp
encls.

Dear Service Provider:

Several weeks ago a questionnaire was sent to you regarding a state-wide Needs Assessment for Montana's Title XX program. It is required by law (P.L. 93-647, Section 2004 (2) (j)) that the State of Montana conduct this Needs Assessment.

Since you have not yet returned the questionnaire, we are sending you a follow-up questionnaire. In order to determine the needs of your area, it is important for us to know your observations of the situation. To facilitate this, another questionnaire is enclosed for your response.

Please assist us by returning the enclosed questionnaire.

Sincere thanks.

Yours truly,

John S. Fitzpatrick

John S. Fitzpatrick
Research Manager

mjg

Enclosures

Data Bank No. _____

WHAT IS NEEDED?

Please answer all questions on the questionnaire. If you wish to make any additional comments, please do so at the end of the questionnaire. Attach as many sheets as necessary. Express yourself freely as all responses are confidential to the Research Unit.

Return this questionnaire in the enclosed envelope to: Research Unit, Office of Budget and Program Planning, Helena, Montana 59601.

1) In the county where you work, how would you rate the overall need for social services? (Check one response)

HIGH_____ MEDIUM _____ LOW _____

2) In the county where you work, which of the following categories of social services are needed most? (Number in order of priority. For example: 1=first priority, 2=second priority, etc.)

_____ AGING SERVICES
_____ YOUTH SERVICES
_____ DEVELOPMENTAL DISABILITIES SERVICES
_____ FAMILY PLANNING SERVICES
_____ ALCOHOL ABUSE SERVICES
_____ DRUG ABUSE SERVICES
_____ MENTAL HEALTH SERVICES
_____ OTHER (PLEASE SPECIFY)
_____

3) In the county where you work, which types of social services are most important in each category? (Number in order of priority.)

A. AGING SERVICES
_____ MEALS ON WHEELS
_____ HOMEMAKER SERVICES
_____ HOME MAINTENENCE PROGRAMS
_____ ADJUSTMENT SERVICES
_____ TRANSPORTATION SERVICES
_____ OTHER (PLEASE SPECIFY)
_____

B. YOUTH SERVICES
_____ PROTECTIVE SERVICES
_____ CORRECTIONAL SERVICES
_____ DAY CARE SERVICES
_____ FOSTER CARE SERVICES
_____ HEALTH RELATED for CHILDREN
_____ YOUTH DEVELOPMENT and PRIMARY-INTERVENTION
_____ OTHER (PLEASE SPECIFY)
_____

C. DEVELOPMENTAL DISABILITIES SERVICES
_____ DAILY LIVING TRAINING
_____ RESPITE CARE
_____ TRANSPORTATION SERVICES
_____ VOCATIONAL TRAINING SERVICES
_____ HOMEMAKER and/or TRAINER CHORE SERVICES
_____ PRESCHOOL and DAY TRAINING SERVICES
_____ OTHER (PLEASE SPECIFY)
_____

(Question 3 continued on next page)

D. FAMILY PLANNING SERVICES

_____ INFORMATION and REFERRAL
_____ OUTREACH PROGRAMS
_____ INSTURCTIONAL PROGRAMS
_____ FAMILY HEALTH PROGRAMS
_____ BIRTH CONTROL
_____ PUBLIC SCHOOL PROGRAMS
_____ OTHER (PLEASE SPECIFY)
_____

E. ALCOHOL ABUSE SERVICES

_____ ADULT COUNSELING
_____ YOUTH COUNSELING
_____ PREVENTION TYPE PROGRAMS
_____ DETOXIFICATION SERVICES
_____ HALF-WAY HOUSES
_____ PUBLIC SCHOOL PROGRAMS
_____ OTHER (PLEASE SPECIFY)
_____

F. DRUG ABUSE SERVICES

_____ COUNSELING
_____ YOUTH PROGRAMS
_____ PREVENTION TYPE PROGRAMS
_____ TREATMENT SERVICES
_____ PUBLIC SCHOOL PROGRAMS
_____ COMMUNITY AWARENESS PROGRAMS
_____ INFORMATION and REFERRAL
_____ OTHER (PLEASE SPECIFY)
_____

G. MENTAL HEALTH SERVICES

_____ PROGRAMS for YOUTH
_____ COUNSELING SERVICES
_____ OUTREACH PROGRAMS
_____ MENTAL HEALTH CENTERS
_____ CRISIS INTERVENTION SERVICES
_____ INFORMATION and REFERRAL
_____ OTHER (PLEASE SPECIFY)
_____

H. OTHER (PLEASE SPECIFY)

_____

_____

4) How would you rate the general quality of social services presently provided in the county where you work? (Check one)

AGING SERVICES

____Good ____Fair ____Poor ____Non-Existent

YOUTH SERVICES

____Good ____Fair ____Poor ____Non-Existent

(Question 4 continued on next page)

DEVELOPMENTAL DISABILITIES SERVICES

_____Good _____Fair _____Poor _____Non-Existent

FAMILY PLANNING SERVICES

_____Good _____Fair _____Poor _____Non-Existent

ALCOHOL ABUSE SERVICES

_____Good _____Fair _____Poor _____Non-Existent

DRUG ABUSE SERVICES

_____Good _____Fair _____Poor _____Non-Existent

MENTAL HEALTH SERVICES

_____Good _____Fair _____Poor _____Non-Existent

OTHER (PLEASE SPECIFY)

_____

_____

5) How well do the social services provided in your county meet its overall needs? (Check one)

_____ MOST OF THE NEEDS
_____ SOME OF THE NEEDS
_____ FEW OF THE NEEDS
_____ NONE OF THE NEEDS

6) If you feel that Social Services do not meet local county needs please indicate your reasons. (Check one response for each item.)

	In Most Services	In Some Services	Not Applicable
a. FINANCIAL INADEQUACY	____	____	____
b. NOT ENOUTH PROGRAMS	____	____	____
c. NOT ENOUGH OUTREACH	____	____	____
d. NOT ENOUGH SOCIAL WORKERS	____	____	____
e. IMPROPER PROGRAM DESIGN	____	____	____
f. INADEQUATE MANAGEMENT	____	____	____
g. OTHER (PLEASE SPECIFY)	____	____	____

_____

7) How accessible are social services in your county? (Check one)

_____ READILY ACCESSIBLE
_____ MODERATELY ACCESSIBLE
_____ ACCESSIBLE ONLY UPON REQUEST
_____ OTHER (PLEASE SPECIFY)

_____

8) Which of the following service delivery problems are applicable to the county where you work? (Check responses and provide (write in) an explanation.)

_____ A. TRANSPORTATION

_____ B. ELIGIBILITY PROCESS

_____ C. LACK OF AWARENESS OF SERVICES

_____ D. CLIENTS UNRESPONSIVE AND UNCOOPERATIVE

_____ E. COMMUNICATION BARRIERS

_____ F. LACK OF INTER-AGENCY COORDINATION

_____ G. LACK OF COMMUNITY COORDINATION

_____ H. GEOGRAPHICAL AREA TOO LARGE

_____ I. OTHER (PLEASE SPECIFY)

9) Which of the above service delivery problems mentioned in question 8 do you think is most important? (Insert the appropriate letter.)

_____

10) Which categories of social services are most regularly provided in the county where you work? (Check appropriate responses and number in order of priority.)

_____ AGING SERVICES
_____ YOUTH SERVICES
_____ DEVELOPMENTAL DISABILITIES SERVICES
_____ FAMILY PLANNING SERVICES
_____ ALCOHOL ABUSE SERVICES
_____ DRUG ABUSE SERVICES
_____ MENTAL HEALTH SERVICES
_____ OTHER (PLEASE SPECIFY)

_____

11) Overall, the county/area where you work is characterized by a: (Check one)

_____ VERY HIGH LEVEL OF POVERTY
_____ HIGH LEVEL OF POVERTY
_____ MODERATE LEVEL OF POVERTY
_____ LOW LEVEL OF POVERTY

12) Overall, the county/area where you work has a: (Check one)

_____ VERY HIGH PROPORTION OF ELDERLY CITIZENS
_____ HIGH PROPORTION OF ELDERLY CITIZENS
_____ MODERATE PROPORTION OF ELDERLY CITIZENS
_____ LOW PROPORTION OF ELDERLY CITIZENS

13) Overall, the county/area where you work has a: (Check one)

_____ VERY HIGH PROPORTION OF YOUTHS (below 18)
_____ HIGH PROPORTION OF YOUTHS
_____ MODERATE PROPORTION OF YOUTHS
_____ LOW PROPORTION OF YOUTHS

14) Overall, the county/area where you work has a: (Check one)

_____ VERY HIGH PROPORTION OF RACIAL MINORITIES
_____ HIGH PROPORTION OF RACIAL MINORITIES
_____ MODERATE PROPORTION OF RACIAL MINORITIES
_____ LOW PROPORTION OF RACIAL MINORITIES

15) Define the clientele served by your agency or organization. Is it: (Check the appropriate spaces.)

	Predominately	Somewhat	Not at All
a) YOUNG	_____	_____	_____
b) OLD	_____	_____	_____
c) MINORITY	_____	_____	_____

PERSONAL INFORMATION

16) AGE _____ YEARS

17) SEX (Circle one) MALE FEMALE

18) COUNTY OF EMPLOYMENT: _____COUNTY.

19) LENGTH OF RESIDENCY AT PRESENT LOCATION:
_____YEARS.

(Personal information questions continued on next page.)

20) PRESENT POSITION:
TITLE_____.

NUMBER OF YEARS IN PRESENT POSITION_____YEARS.

21) ADDITIONAL COMMENTS:

APPENDIX B

LETTERS AND QUESTIONNAIRES - GENERAL PUBLIC

State of Montana
Office of The Governor
Helena 59601

THOMAS L. JUDGE
GOVERNOR

November 10, 1976

Dear Montanan:

Within the next week, you will be receiving a questionnaire regarding a Needs Assessment for human services (Title XX). It is required by law (P.L. 93-647) that the State of Montana conduct this Needs Assessment.

The purpose of this questionnaire is to determine what the people of Montana feel is important. Your participation is needed to assist those of us in Helena in developing a responsive approach to Montana's Human Service Needs.

I thank you for your attention and consideration of the forthcoming questionnaire.

Sincerely,

Thomas L. Judge

THOMAS L. JUDGE
Governor of Montana

STATE OF MONTANA

Office of the Governor

Budget and Program Planning

Capitol Building - Helena, Montana 59601

Thomas L. Judge
Governor

Michael G. Billings
Director

Dear Respondent:

The Office of Budget and Program Planning is conducting a Statewide Needs Assessment for Montana's Title XX program. The results of this study will be among the most important criteria in designing the next Title XX plan and, ultimately, allocating 17 million dollars for social services during the next two years.

Your input and observations are especially important and will be used to determine the needs of your area. What needs can Title XX meet in your county? We are asking you for an answer to that question because you are familiar with the local scene.

Please fill out the enclosed questionnaire and return it to the Research Unit, Office of Budget and Program Planning, State Capitol Station, Helena, Montana 59601. (Prior to November 30, 1976) A self-addressed, stamped return envelope is enclosed. Please answer all questions on the questionnaire. If you wish to add additional comments, please feel free to do so. Information will be used for research purposes only. All responses are strictly confidential.

Thank you for your time, help and cooperation. We appreciate your interest in strengthening Title XX and Montana's social service system.

Very truly yours,

John S. Fitzpatrick

John S. Fitzpatrick
Research Manager

JSF:dp
encls.

STATE OF MONTANA

Office of the Governor

Budget and Program Planning

Capitol Building - Helena, Montana 59601

Thomas L. Judge
Governor

Michael G. Billings
Director

Dear Respondent:

Several weeks ago a questionnaire was mailed to you regarding a Statewide Needs Assessment for Montana's Title XX program. If you have returned that questionnaire, we want to extend our thanks for your participation.

Thus far, we have been gratified by the response to the questionnaire; however, everyone's participation is important for presenting a true picture of the State's needs.

If you have not yet had the opportunity to respond, we urge you to do so, as soon as it is possible.

Your input and observations are especially important in determining the needs of your area. We are asking you for answers to these questions because you are familiar with the local scene and know its needs first hand.

Again, thank you for your time, help and cooperation. We appreciate your interest in strengthening Title XX and Montana's social service system.

Very truly yours,

John S. Fitzpatrick

John S. Fitzpatrick, Ph.D.
Research Manager

JSF/dp

STATE OF MONTANA

Office of the Governor

Budget and Program Planning

Capitol Building - Helena, Montana 59601

Thomas L. Judge
Governor

Michael G. Billings
Director

Dear Respondent:

Several weeks ago a questionnaire was sent to you regarding a state-wide Needs Assessment for Montana's Title XX program. It is required by law (P.L. 93-647, Section 2004 (2) (j)) that the State of Montana conduct this Needs Assessment.

Since you have not yet returned the questionnaire, we are sending you a follow-up questionnaire. In order to determine the needs of your area, it is important for us to know your observations of the situtation. To facilitate this, another questionnaire is enclosed for your response.

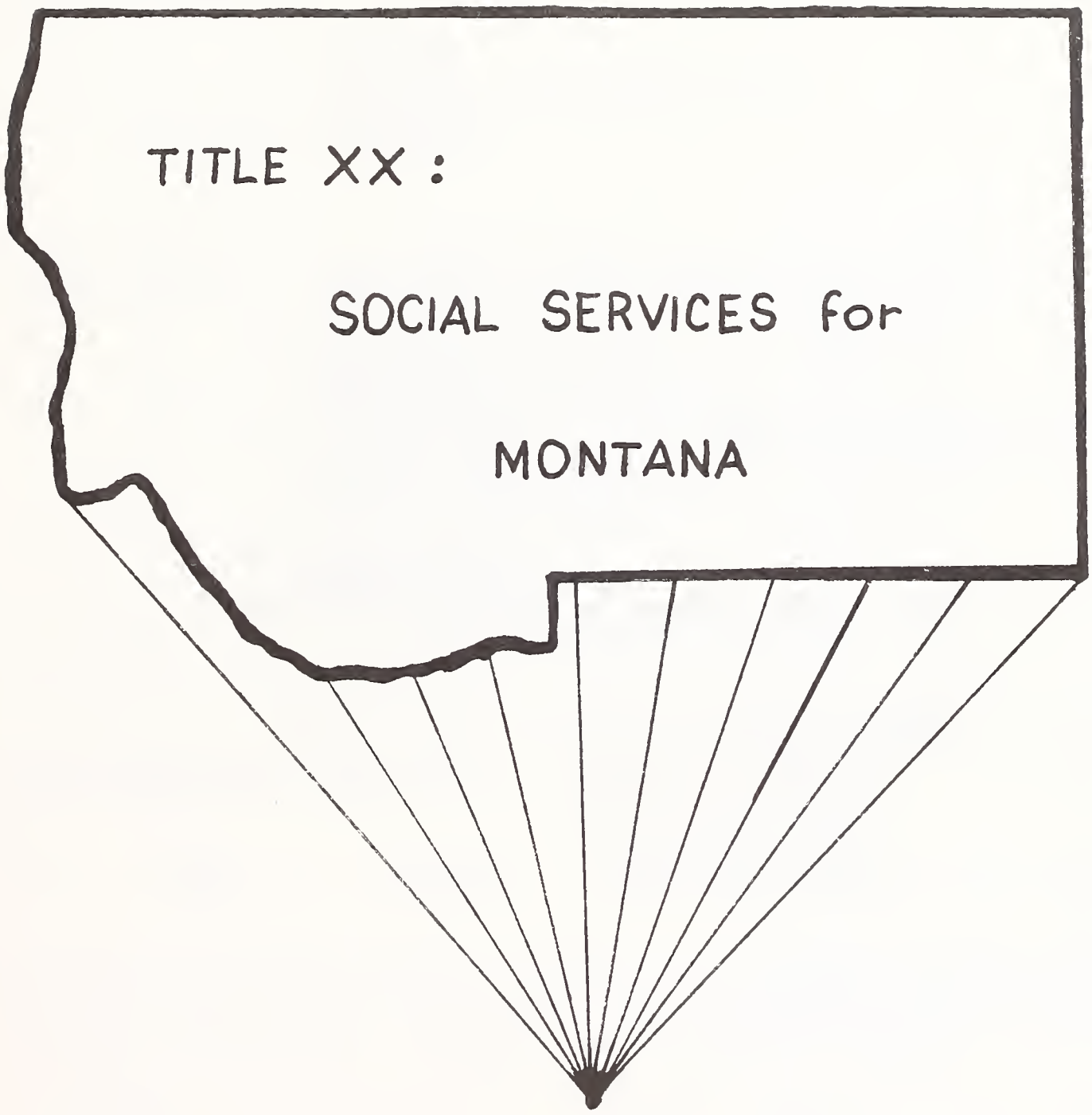
Please assist us by returning the enclosed questionnaire. Thank you for your attention in this matter.

Sincerely yours,

John S. Fitzpatrick

John S. Fitzpatrick
Research Manager

JSF:dp
encls.



WHAT IS NEEDED?

This is a statewide effort to determine what the citizens of Montana feel about the present and future directions of social services. What should be our goals and priorities for: our children? our youth? our senior citizens? our handicapped? our economically and socially disadvanataged?

Please answer all of the questions. If you wish to comment on any questions or qualify your answers, please use the margins or blank spaces within the questionnaire.

Return this questionnaire in the enclosed stamped envelope to:

RESEARCH UNIT/OBPP
STATE CAPITOL ANNEX
CAPITOL STATION
HELENA, MT. 59601

1. Social and welfare services are provided to individuals with special problems and/or low incomes by government agencies. Do you think these services should be: (Check one)

_____ INCREASED
_____ CONTINUED AT THE PRESENT LEVEL
_____ DECREASED
_____ DISCONTINUED

2. If you think any social services should be provided, which of the following should they be? (Check as many or as few as you feel necessary).

_____ AGING SERVICES
_____ CHILD AND YOUTH SERVICES
_____ DEVELOPMENTAL DISABILITY SERVICES (Mental Retardation, Cerebral Palsy and other Neurological Disorders)
_____ FAMILY PLANNING SERVICES
_____ ALCOHOL ABUSE SERVICES
_____ DRUG SERVICES
_____ MENTAL HEALTH SERVICES
_____ OTHER SERVICES (PLEASE SPECIFY)
_____.

3. In the county where you live, how would you rate the overall need for social services? (Check one)

_____ HIGH _____ MEDIUM _____ LOW

4. In the county where you live, which of the following categories of social services are needed? (Indicate priority by circling either HIGH, MEDIUM, or LOW for each service. You may also circle NOT NEEDED.)

Aging Services	HIGH	MEDIUM	LOW	NOT NEEDED
Child and Youth Services.....	HIGH	MEDIUM	LOW	NOT NEEDED
Developmental Disabilities Services	HIGH	MEDIUM	LOW	NOT NEEDED
Family Planning Services.....	HIGH	MEDIUM	LOW	NOT NEEDED
Alcohol Abuse Services.....	HIGH	MEDIUM	LOW	NOT NEEDED
Drug Abuse Services.....	HIGH	MEDIUM	LOW	NOT NEEDED
Mental Health Services.....	HIGH	MEDIUM	LOW	NOT NEEDED
Other Services (Please Specify)....	HIGH	MEDIUM	LOW	NOT NEEDED

_____.

5. In the county where you live, which of the following specific programs do you think are needed? (Again, indicate priority by circling either HIGH, MEDIUM, or LOW for each program. Again, you may circle NOT NEEDED for any program).

A. AGING SERVICES

Home delivered meals.....	HIGH	MEDIUM	LOW	NOT NEEDED
Assistance with housekeeping.....	HIGH	MEDIUM	LOW	NOT NEEDED
Temporary counseling for adjustment purposes.....	HIGH	MEDIUM	LOW	NOT NEEDED
Assistance with home maintenance and repairs.....	HIGH	MEDIUM	LOW	NOT NEEDED
Transportation.....	HIGH	MEDIUM	LOW	NOT NEEDED
Health screening services (for example, blood pressure testing, etc.).....	HIGH	MEDIUM	LOW	NOT NEEDED
Information and referral.....	HIGH	MEDIUM	LOW	NOT NEEDED
Other services (please specify).....	HIGH	MEDIUM	LOW	NOT NEEDED

_____.

B. YOUTH SERVICES

Services for neglected/abused children.....	HIGH	MEDIUM	LOW	NOT NEEDED
Correctional services (services for delinquent youth).....	HIGH	MEDIUM	LOW	NOT NEEDED
Day care for children.....	HIGH	MEDIUM	LOW	NOT NEEDED
Foster care for children.....	HIGH	MEDIUM	LOW	NOT NEEDED
Health related services (e.g., transportation to doctor)....	HIGH	MEDIUM	LOW	NOT NEEDED
Youth development and delinquency prevention activities.....	HIGH	MEDIUM	LOW	NOT NEEDED
Youth counseling.....	HIGH	MEDIUM	LOW	NOT NEEDED
Family counseling.....	HIGH	MEDIUM	LOW	NOT NEEDED
Other services for children (Please specify).....	HIGH	MEDIUM	LOW	NOT NEEDED

_____.

C. DEVELOPMENTAL DISABILITY SERVICES

Daily living training (e.g., brushing teeth and dressing).....	HIGH	MEDIUM	LOW	NOT NEEDED
The temporary care of handicapped individuals.....	HIGH	MEDIUM	LOW	NOT NEEDED
Transportation services for the handicapped.....	HIGH	MEDIUM	LOW	NOT NEEDED
Vocational training services.....	HIGH	MEDIUM	LOW	NOT NEEDED
Assistance in housekeeping and home chores.....	HIGH	MEDIUM	LOW	NOT NEEDED
Preschool and day training for the handicapped.....	HIGH	MEDIUM	LOW	NOT NEEDED
Other services (please specify)....	HIGH	MEDIUM	LOW	NOT NEEDED

_____.

D. FAMILY PLANNING SERVICES

Information and referral.....	HIGH	MEDIUM	LOW	NOT NEEDED
Outreach programs (bring services to people in outlying areas.....	HIGH	MEDIUM	LOW	NOT NEEDED
Instructional programs.....	HIGH	MEDIUM	LOW	NOT NEEDED
Family health programs.....	HIGH	MEDIUM	LOW	NOT NEEDED
Birth control.....	HIGH	MEDIUM	LOW	NOT NEEDED
Public school programs.....	HIGH	MEDIUM	LOW	NOT NEEDED
Other services (please specify)....	HIGH	MEDIUM	LOW	NOT NEEDED

_____.

E. ALCOHOL ABUSE SERVICES

Adult counseling for alcoholism.....	HIGH	MEDIUM	LOW	NOT NEEDED
Youth counseling for alcoholism.....	HIGH	MEDIUM	LOW	NOT NEEDED
Alcohol prevention-type programs....	HIGH	MEDIUM	LOW	NOT NEEDED
Detoxification/drying out for alcoholics.....	HIGH	MEDIUM	LOW	NOT NEEDED
Half-way houses/temporary group homes.....	HIGH	MEDIUM	LOW	NOT NEEDED
Public school programs on alcoholism.....	HIGH	MEDIUM	LOW	NOT NEEDED
Other (please specify).....	HIGH	MEDIUM	LOW	NOT NEEDED

F. DRUG ABUSE SERVICES

Counseling for drug abusers.....	HIGH	MEDIUM	LOW	NOT NEEDED
Drug-abuse prevention programs.....	HIGH	MEDIUM	LOW	NOT NEEDED
Treatment services for drug abusers.....	HIGH	MEDIUM	LOW	NOT NEEDED
Public school programs.....	HIGH	MEDIUM	LOW	NOT NEEDED
Community awareness programs.....	HIGH	MEDIUM	LOW	NOT NEEDED
Youth programs for abusers.....	HIGH	MEDIUM	LOW	NOT NEEDED
Information and referral.....	HIGH	MEDIUM	LOW	NOT NEEDED
Other services (please specify).... _____.	HIGH	MEDIUM	LOW	NOT NEEDED

G. MENTAL HEALTH SERVICES

Counseling services.....	HIGH	MEDIUM	LOW	NOT NEEDED
Outreach programs (bringing services to people in outlying areas...	HIGH	MEDIUM	LOW	NOT NEEDED
Mental health centers.....	HIGH	MEDIUM	LOW	NOT NEEDED
Crisis intervention services.....	HIGH	MEDIUM	LOW	NOT NEEDED
Mental health for youth.....	HIGH	MEDIUM	LOW	NOT NEEDED
Information and referral.....	HIGH	MEDIUM	LOW	NOT NEEDED
Other services (please specify).... _____.	HIGH	MEDIUM	LOW	NOT NEEDED

H. OTHER AREAS OF SERVICE NEEDED

_____

_____.

6. How available do you think social services are in your county? (Check one)

_____ READILY AVAILABLE
_____ MODERATELY AVAILABLE
_____ AVAILABLE ONLY UPON REQUEST
_____ OTHER (PLEASE SPECIFY)
_____ _____.

7. Have you or any member of your family had any personal experience or contact with a social service program? (for example: Welfare, Family Planning, Mental Health, Licensed Day Care, Youth Corrections, Drug/Alcohol programs, etc.)

_____YES _____NO

If yes, was the contact favorable_____or unfavorable_____? Please feel free to comment on the experience.

8. If you had a problem which could be helped or served by a social service Program: (check as many responses as are applicable).

WOULD YOU KNOW WHERE TO GO?	YES_____	NO_____
WOULD YOU BE AWARE OF SERVICE PROGRAMS?	YES_____	NO_____
WOULD YOU FEEL RIGHT ABOUT GETTING STATE SERVICES?	YES_____	NO_____
WOULD YOU FEEL SERVICES CAN HELP?	YES_____	NO_____
DO YOU THINK YOU WOULD BE ELIGIBLE?	YES_____	NO_____

9. If you live in rural area where receiving social services is a problem, which of the following would you prefer? (Check one)

_____ TRANSPORTATION TO THE COMMUNITY WHERE THEY ARE AVAILABLE
_____ SERVICES BE DELIVERED DIRECTLY TO SOME LOCALE IN YOUR COMMUNITY
_____ SERVICES BE DELIVERED DIRECTLY TO YOU (e.g., via mobile unit)
_____ OTHER (PLEASE SPECIFY)_____

10. Overall, in your opinion, the county where you live is characterized by a: (Check one)

_____ VERY HIGH LEVEL OF POVERTY
_____ HIGH LEVEL OF POVERTY
_____ MODERATE LEVEL OF POVERTY
_____ LOW LEVEL OF POVERTY

11. Overall, in your opinion, the county where you live has a: (Check one)

_____ VERY HIGH PROPORTION OF ELDERLY CITIZENS
_____ HIGH PROPORTION OF ELDERLY CITIZENS
_____ MODERATE PROPORTION OF ELDERLY CITIZENS
_____ LOW PROPORTION OF ELDERLY CITIZENS

12. Overall, in your opinion, the county where you live has a: (Check one)

_____ VERY HIGH PROPORTION OF YOUTHS
_____ HIGH PROPORTION OF YOUTHS
_____ MODERATE PROPORTION OF YOUTHS
_____ LOW PROPORTION OF YOUTHS

13. Overall, in your opinion, the county where you live has a: (Check one)

_____ VERY HIGH PROPORTION OF RACIAL MINORITIES
_____ HIGH PROPORTION OF RACIAL MINORITIES
_____ MODERATE PROPORTION OF RACIAL MINORITIES
_____ LOW PROPORTION OF RACIAL MINORITIES

14. How do you feel about the delivery of social services by "Regional" units which include more than one county as opposed to single county units? (Check one)

_____ FAVORABLE
_____ UNFAVORABLE
_____ DON'T KNOW

15. In the area of Mental Retardation, with which group do you think the major focus for services should lie? (Check one)

_____ THE SERVERLY RETARDED
_____ THE MODERATELY RETARDED
_____ THE MILDLY RETARDED or BORDERLINE RETARDED

16. In general, how do you feel the elderly who are not able to run their own homes can best be served? (Check one)

_____ NURSING HOMES
_____ SENIOR CITIZEN HOUSING
_____ HOME-BASED CARE (having someone care for them or do chores in their homes)
_____ OTHER (PLEASE SPECIFY)
_____.

17. Which families do you think should receive assistance for Day Care Services? (Check one)

_____ THOSE FAMILIES WITH INCOMES UNDER $3400
_____ THOSE FAMLIIES WITH INCOMES UNDER $8000
_____ THOSE FAMILIES WITH INCOMES UNDER $11,000
_____ ALL FAMILIES REGARDLESS OF INCOMES
_____ NO FAMILIES SHOULD RECEIVE ASSISTANCE FOR DAY CARE
_____ OTHER (PLEASE SPECIFY)

18. Is there a hot-line or crisis number in your area?

_____YES _____NO _____DON'T KNOW

Do you think there is a need for one?

_____YES _____NO

19. Do you think there is a need for an information hot-line for social services in your area? (Check one)

_____YES _____NO

20. In order for us to estimate the number of people in need of particular services, could you indicate if you or anyone in your household is in need or has been in need of any of the following services?

1.	Day Care Services	_____yes	_____no
2.	Youth Counseling/or Related Activities	_____yes	_____no
3.	Aging Services	_____yes	_____no
4.	Family Counseling	_____yes	_____no
5.	Family Planning	_____yes	_____no
6.	Alcohol Treatment/Counseling	_____yes	_____no
7.	Drug Abuse Treatment/Counseling	_____yes	_____no
8.	Mental Health	_____yes	_____no
9.	Developmental Disabilities, Mental Retardation/ Cerebreal Palsy, etc.	_____yes	_____no

21. Who do you think should have the most influence on policies regulating social services? (Check one)

_____ THE GENERAL PUBLIC
_____ SPECIAL INTEREST GROUPS or LOBBIES
_____ ADMINISTRATORS of SOCIAL SERVICES
_____ PROVIDERS of SOCIAL SERVICES
_____ OTHERS (PLEASE SPECIFY)
_____.

PERSONAL INFORMATION

22. Number of years lived in Montana _____YEARS.

23. Your county _____COUNTY.

24. Your age_____YEARS.

25. Your sex (circle your answer)
MALE FEMALE

26. Number of people living in household _____PEOPLE.

27. Number of children under 18 living at home _____NUMBER.

28. How many of these children are under 6 years _____NUMBER.

29. Your education: (Please circle the highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

30. Your present occupation: (If retired, please put an "X" in this blank____, and list your former occupation).

OCCUPATION_____.

31. Is the head of this household: (Check one)

_____ PRESENTLY EMPLOYED FULL-TIME
_____ PRESENTLY EMPLOYED PART-TIME
_____ PRESENTLY UNEMPLOYED
_____ RETIRED, DISABLED, A STUDENT OR HOUSEWIFE

32. Finally, would you mind indicating your approximate family income, before taxes, for 1976? (Please check appropriate response).

_____ LESS THAN $3,000
_____ $3,000 - $5,999
_____ $6,000 - 10,999
_____ 11,000 - 14,999
_____ 15,000 - 24,999
_____ 25,000 +

We do not know whether the things you consider most important in Montana's social services have been adequately covered in this questionnaire, or not. Thus, we would like for you to use this space to tell us in your own words, what it is that you feel you want most for Montana's social services. It makes no difference whether the general topic or area has been mentioned elsewhere in the questionnaire. Feel free to include any comments you wish.

Your contribution to this effort to determine citizens preferences for the future of Montana is greatly appreciated.

APPENDIX C

LETTERS AND QUESTIONNAIRES - 'SPECIAL INTEREST' GROUPS

The Big Sky Country

SOCIAL AND REHABILITATION SERVICES

MONTANA 76

THOMAS L. JUDGE
GOVERNOR
THEODORE CARKULIS
DIRECTOR

September 27, 1976

Dear Service Provider:

The Department of Social and Rehabilitation Services has contracted with the Office of Budget and Program Planning to prepare a statewide, human services Needs Assessment for the Title XX program as required by P.L. 93–647, Section 2004 (2) (j). Within the next two weeks, you will receive a letter and questionnaire from the Title XX Needs Assessment Research Project of that office.

The Needs Assessment is a crucial part of the Title XX planning process. The results of this study will be among the most important criteria used to prioritize and allocate approximately $17 million dollars of Title XX funds during the next biennium. To insure that each of Montana's human service programs and each of Montana's local communities receive the kind of support they require, the Needs Assessment Project will be asking you, the direct service provider, for your input and observations regarding the human service needs of your community. The information provided through your observations is of the upmost importance because it is founded upon close involvement with and knowledge of local conditions.

Successful implementation of Montana's next Title XX plan can be assured by your participation in the Title XX Needs Assessment. I urge you to complete the questionnaire being sent to you by the Needs Assessment Project and assist those of us in Helena develop a responsive approach to Montana's human service needs.

Sincerely yours,

Patrick E. Melby

Patrick E. Melby
Acting Director

Dear Respondent:

The Office of Budget and Program Planning is conducting a Statewide Needs Assessment for Montana's Title XX program. The results of this study will be among the most important criteria in designing the next Title XX plan and, ultimately, allocating 17 million dollars for social services during the next two years.

Your input and observations are especially important and will be used to determine the needs of your area. What needs can Title XX meet in your county? We are asking you for an answer to that question because you are familiar with the local scene and know its needs first hand.

Please fill out the enclosed questionnaire and return it to the Research Unit, Office of Budget and Program Planning, State Capitol Station, Helena, Montana, 59601. (Prior to October 18, 1976) A self-addressed, stamped return envelope is enclosed. The questionnaire is quite short and will take less than 15 minutes of your time to complete. Please answer all questions on the questionnaire. If you wish to add additional comments, please feel free to do so. Information will be used for research purposes only. All responses are strictly confidential.

Thank you for your time, help and cooperation. We appreciate your interest in strengthening Title XX and Montana's social service system.

Very truly yours,

John S. Fitzpatrick

John S. Fitzpatrick
Research Manager

JSF/dp
encls.

STATE OF MONTANA

Office of the Governor

Budget and Program Planning

Capitol Building · Helena, Montana 59601

213

Thomas L. Judge
Governor

Michael G. Billings
Director

Dear Respondent:

Several weeks ago a questionnaire was sent to you regarding a state-wide Needs Assessment for Montana's Title XX program. It is required by law (P.L. 93-647, Section 2004 (2) (j)) that the State of Montana conduct this Needs Assessment.

Since you have not yet returned the questionnaire, we are sending you a follow-up questionnaire. In order to determine the needs of your area, it is important for us to know your observations of the situtation. To facilitate this, another questionnaire is enclosed for your response.

Please assist us by returning the enclosed questionnaire. Thank you for your attention in this matter.

Sincerely yours,

John S. Fitzpatrick

John S. Fitzpatrick
Research Manager

JSF:dp
encls.

Data Bank No. _____

WHAT IS NEEDED?

Please answer all questions on the questionnaire. If you wish to make any additional comments, please do so at the end of the questionnaire. Attach as many sheets as necessary.

Return this questionnaire in the enclosed envelope to: Research Unit, Office of Budget and Program Planning, Helena, Montana, 59601.

AGENCY NAME _____

AREA OF SERVICE OR INTEREST _____

GEOGRAPHICAL SERVICE AREA _____

_____ COUNTY (IES)

SOCIAL SERVICE NEEDS

QUESTION ONE: What do you see as the State's most urgent social service needs? (Please list or discuss in order of importance.)

QUESTION TWO: What do you see as the most urgent social service needs for your clients? (Please list or discuss in order of importance.)

QUESTION THREE: What suggestions would you recommend to meet the most urgent social service needs of your clients, as you have stated in question two?

QUESTION FOUR: Define the population in your geographic area or county. Is it: (Check the appropriate space.)

	Predominately	Somewhat	Not at All
a) Young	_____	_____	_____
b) Old	_____	_____	_____
c) Poor	_____	_____	_____
d) Minority	_____	_____	_____

COMMENTS:

QUESTION FIVE: Define the clientele served by your agency or organization. Is it: (Check the appropriate space.)

	Predominately	Somewhat	Not at All
a) Young	_____	_____	_____
b) Old	_____	_____	_____
c) Poor	_____	_____	_____
d) Minority	_____	_____	_____

COMMENTS:

QUESTION SIX: Do you understand how Title XX can be used for your specific area of service?

YES_____ NO_____

COMMENTS:

QUESTION SEVEN: How do you evaluate Montana's Title XX Plan as it relates to your specific area of service? (e.g., you might discuss reporting requirements, eligibility requirements, matching funds, priorities in allocation of funds...)

GENERAL COMMENTS: (If you desire to make any additional comments, please use the following space.)

APPENDIX D

ADDITIONAL TABLES

TABLE A

NEED FOR AGING SERVICES BY AGE

QUESTION: In the county where you live, which of the following specific programs do you think are needed?

Home Delivered Meals			
	High	20.8%	
	Medium	35.8%	
	Low	22.6%	
	Not Needed	20.8%	
	TOTAL	100.0%	(106)
Assistance with Housekeeping			
	High	16.8%	
	Medium	34.7%	
	Low	26.7%	
	Not Needed	21.8%	
	TOTAL	100.0%	(101)
Temporary Counseling for Adjustment Purposes			
	High	10.3%	
	Medium	29.9%	
	Low	36.8%	
	Not Needed	23.0%	
	TOTAL	100.0%	(87)
Assistance with Home Maintenance and Repairs			
	High	23.5%	
	Medium	27.5%	
	Low	35.3%	
	Not Needed	13.7%	
	TOTAL	100.0%	(102)

TABLE A

NEED FOR AGING SERVICES BY AGE (CONT.)

QUESTION: In the county where you live, which of the following specific programs do you think are needed?

Transportation			
	High	31.0%	
	Medium	32.7%	
	Low	28.3%	
	Not Needed	8.0%	
	TOTAL	100.0%	(113)
Health Screening Services			
	High	30.7%	
	Medium	43.9%	
	Low	16.7%	
	Not Needed	8.8%	
	TOTAL	100.0%	(114)
Information & Referral			
	High	19.4%	
	Medium	31.6%	
	Low	31.8%	
	Not Needed	17.2%	
	TOTAL	100.0%	(84)
Other Services			
	High	9.5%	
	Medium	19.0%	
	Low	4.8%	
	Not Needed	66.7%	
	TOTAL	100.0%	(21)

TABLE B

GENERAL KNOWLEDGE OF SOCIAL SERVICES BY AGE

QUESTION: If you had a problem which could be helped or served by a social service program:

	AGE (YEARS)				
	<30	31 - 40	41 - 50	51 - 60	>60
Would you know where to go?					
Yes	56.6%	54.9%	57.5%	58.3%	50.0%
No	43.4%	45.1%	42.5%	41.7%	50.0%
TOTAL	100.0% (99)	100.0% (91)	100.0% (113)	100.0% (127)	100.0% (108)
Would you be aware of service programs?					
Yes	43.3%	51.7%	39.8%	54.9%	49.5%
No	56.7%	48.3%	60.2%	45.1%	50.5%
TOTAL	100.0% (97)	100.0% (87)	100.0% (108)	100.0% (122)	100.0% (97)
Would you feel right about getting state services?					
Yes	60.2%	46.7%	48.2%	56.6%	58.7%
No	39.8%	53.3%	51.8%	43.4%	41.3%
TOTAL	100.0% (93)	100.0% (90)	100.0% (112)	100.0% (122)	100.0% (104)
Would you feel services can help?					
Yes	91.5%	78.3%	85.4%	83.8%	81.9%
No	8.5%	21.7%	14.6%	16.2%	18.1%
TOTAL	100.0% (94)	100.0% (83)	100.0% (103)	100.0% (117)	100.0% (83)
Do you think you would be eligible?					
Yes	40.2%	35.8%	35.6%	28.4%	44.8%
No	59.8%	64.2%	64.4%	71.6%	55.2%
TOTAL	100.0% (92)	100.0% (81)	100.0% (101)	100.0% (109)	100.0% (87)

TABLE C

GENERAL KNOWLEDGE OF SOCIAL SERVICES BY INCOME

QUESTION: If you had a problem which could be helped or served by a Social Service Program:

	<$3000	$3000 - 5999	$6,000 - 10,999	$11,000 - 14,999	$15,000 - 24,999	>$ 25,000
Would you know where to go?						
Yes	30.4%	49.2%	48.7%	54.4%	63.4%	68.2%
No	69.6%	50.8%	51.3%	45.6%	36.6%	31.8%
TOTAL	100.0% (23)	100.0% (63)	100.0% (115)	100.0% (147)	100.0% (123)	100.0% (44)
Would you be aware of service programs?						
Yes	27.3%	43.1%	44.4%	52.1%	47.0%	61.4%
No	72.7%	56.9%	55.6%	47.9%	53.0%	38.6%
TOTAL	100.0% (22)	100.0% (58)	100.0% (108)	100.0% (140)	100.0% (117)	100.0% (44)
Would you feel right about getting state services:						
Yes	75.0%	67.2%	53.0%	57.4%	48.3%	38.1%
No	25.0%	32.8%	47.0%	42.6%	51.7%	61.9%
TOTAL	100.0% (24)	100.0% (58)	100.0% (115)	100.0% (141)	100.0% (120)	100.0% (42)
Would you feel services can help?						
Yes	91.3%	87.0%	83.2%	85.5%	80.6%	82.9%
No	8.7%	13.0%	16.8%	14.5%	19.4%	17.1%
TOTAL	100.0% (23)	100.0% (54)	100.0% (101)	100.0% (138)	100.0% (108)	100.0% (41)
Do you think you would be eligible?						
Yes	68.0%	50.0%	39.8%	35.3%	29.8%	23.1%
No	32.0%	50.0%	60.2%	64.7%	70.2%	76.9%
TOTAL	100.0% (25)	100.0% (50)	100.0% (98)	100.0% (136)	100.0% (104)	100.0% (39)

TABLE D

CARE FOR THE ELDERLY BY AGE

QUESTION: In general, how do you feel the elderly who are not able to run their own homes can best be served?

	<30	31 - 40	41 - 50	51 - 60	>60
Nursing Homes	7.8%	18.5%	20.9%	16.9%	16.8%
Housing	57.8%	41.3%	47.8%	45.6%	35.2%
At Home	30.4%	35.9%	27.8%	35.3%	47.2%
Other	3.9%	4.3%	3.5%	2.2%	.8%
	100.0% (102)	100.0% (92)	100.0% (115)	100.0% (136)	100.0% (125)

TABLE E

INFORMATION/CRISIS LINES AND AGE

	AGE (YEARS)				
	30	31-40	41-50	51-60	60
Is there a hotline or crisis number in your area?					
Yes	50.5%	48.4%	46.7%	44.4%	30.6%
No	19.4%	18.3%	10.0%	16.7%	17.7%
Don't Know	30.1%	33.3%	43.3%	38.9%	51.6%
TOTAL	100.0% (103)	100.0% (93)	100.0% (120)	100.0% (144)	100.0% (124)
Do you think there is a need for one (crisis hot line)?					
Yes	74.7%	72.2%	71.4%	70.6%	70.0%
No	25.3%	27.8%	28.6%	29.4%	30.0%
TOTAL	100.0% (99)	100.0% (90)	100.0% (105)	100.0% (126)	100.0% (100)
Do you think there is a need for an information hot line for social services in your area?					
Yes	75.2%	64.1%	55.2%	55.5%	51.8%
No	24.8%	35.9%	44.8%	44.5%	48.2%
TOTAL	100.0% (111)	100.0% (92)	100.0% (116)	100.0% (137)	100.0% (114)

TABLE F

INFORMATION/CRISIS LINES BY INCOME

	$3000	$3000 - $5999	$ 6000 - $10,000	$11,000 - $14,999	$15,000 - $24,999	$25,000
Is there a hotline or crisis number in your area?						
Yes	16.0%	34.3%	39.0%	45.6%	49.3%	56.8%
No	16.0%	17.9%	15.4%	15.8%	14.9%	17.4%
No Response	68.0%	47.8%	45.6%	38.6%	35.8%	26.1%
TOTAL	100.0% (25)	100.0% (67)	100.0% (123)	100.0% (158)	100.0% (134)	100.0% (46)
Do you think there is a need for one (crisis hot line?						
Yes	84.0%	69.5%	65.7%	69.8%	75.2%	69.8%
No	16.0%	30.5%	34.3%	30.2%	24.8%	30.2%
TOTAL	100.0% (25)	100.0% (59)	100.0% (105)	100.0% (139)	100.0% (121)	100.0% (43)
Do you think there is a need for an information hot line for Social Services in your area?						
Yes	76.0%	56.9%	60.5%	61.1%	56.5%	52.3%
No	24.0%	43.1%	39.5%	38.9%	43.5%	47.7%
TOTAL	100.0% (25)	100.0% (65)	100.0% (119)	100.0% (149)	100.0% (131)	100.0% (44)

APPENDIX E

TABLES - DEMOGRAPHIC CHARACTERISTICS

TABLE G

A COMPARISON OF THE POPULATION AND SAMPLE OF AGE DISTRIBUTION

	YEARS					
	20-30	31-40	41-50	51-60	60	TOTAL
POPULATION*	22.5%	17.8%	18.6%	17.8%	23.4%	100.0%
SAMPLE*	17.6%	16.2%	20.3%	24.5%	21.4%	100.0% (568)

* 1970 U.S. Census

** 1976 Survey Sample

Age distributions for the population over 19 are calculated for the State and for the survey respondents. These two distributions are quite similar as shown in Table G above, another indication of the representativeness of the sample. Those in age categories 31-40, 41-50 and over 60 coincide closely with census distributions. Very young respondents ages 20-30 years are somewhat underrepresented, and adults between the ages of 51-60 years are somewhat overrepresented. However neither of these differences varies significantly.

TABLE H

A COMPARISON OF THE POPULATION AND SAMPLE BY REGION

	REGIONS					
POPULATION	1	2	3	4	5	TOTAL
POPULATION*	12.8%	19.8%	19.8%	24.4%	23.2%	100.0%
SAMPLE*	15.0%	17.0%	21.5%	23.9%	22.5%	100.0%

As Table H demonstrates, the responses to the questionnaire are proportionate to the population of the region.

* 1970 U. S. Census

** 1976 Survey Sample